

**Faculty and Staff**

**Grant Pre-Approval Form**

|  |
| --- |
| * The Grant Pre-Approval Form must be completed, with the required signatures (written not electronic), prior to any contact with a potential government, foundation or corporate funding source. * Completed Grant Pre-Approval Form should be submitted to University Advancement at least 90 days prior to funding deadline. * Provide a brief project abstract and total possible amount to be awarded * Send form, abstract, and RFP as an email attachment to: [development@saintleo.edu](mailto:development@saintleo.edu) * Questions? Please contact University Advancement at (352) 588-8355 or [development@saintleo.edu](mailto:development@saintleo.edu) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Manager/Principal Investigator: | | | | Phone: | | | |
| Department/College: | | | | **Email:** | | | |
| Type of Application:  Private/Industry Government Local State F Federal            Foundation | | | | **Submission Deadline:** | | | |
| Name of Funding Entity: | | | |  | | | |
| Project Title: | | | | | | | |
| Project Period: Proposed Start Date: Proposed End Date: | | | | | | | |
| Source of matching funds (if applicable): Grant Other, please explain | | | | | | | |
| Purpose of funding: | Equipment | Academic Program | Special Project | | Research | | Other |
| If Other, please explain: | | | | | | | |
| Proposal Type: | Pre-Proposal | New Proposal | Renewal | | Continuation | | Supplement |
| Will additional funding from university resources be required at the conclusion of grant funding?  (If yes, you must have the Vice President of Business Affairs and CFO signature). | | | | | | Yes No | | |
| Does your project require IRB (Institutional Review Board) approval? | | | | | | Yes No | | |
| Does your project require IACUC (Institutional Animal Care and Use Committee) approval? | | | | | | Yes No | | |
| Does your project require additional space? Renovations to space? Special Equipment?  (If yes, you must obtain approval from the Facilities Committee Chair and Vice President of Business Affairs). | | | | | | Yes No | | |
| Project Manager/Principal Investigator Signature | | | | | | Date | | |

|  |
| --- |
| Required Signatures Needed for Faculty/Staff Requests: |
| Department Chair or Director Date |
| Dean of College Date |
| Attachments (Required)  1. Please provide a brief description of the project.  2. Total Amount Proposed: What is the total possible amount to be awarded?  To Be Completed By Advancement Team  Controller Date |

|  |
| --- |
| Vice President of University Advancement Date  For more information contact: University Advancement at (352) 588-8355 or [development@saintleo.edu](mailto:development@saintleo.edu) |
|  |
|  |