

SPALDING UNIVERSITY GRANT PROPOSAL PROCESSING FORM

Guidelines for Submitting External Grant Applications Spalding University Office of Advancement

A grant represents a contract between the university and funding organization. Therefore, all grant applications and proposals directed to external funding sources must be approved by university leadership. The Spalding University Grant Proposal Processing Form is used to capture summary information to assist reviewers during the approval process. Please complete the form and return to:

Mary Bainbridge, Senior Grants Specialist
Office of Advancement, Third Street Academic Center (TSAC), Second Floor

Completed forms must be submitted at least ten (10) business days prior to an application deadline and include a draft of the working narrative or project summary, project budget, and budget description.

The Principle Investigator or Project Director (PI/PD) is responsible for obtaining the signature of the co-investigator, department chair, program director, assistant dean or dean, as applicable. The grants manager will work with the PI/PD to coordinate review by university leadership.

NOTE: *The PI/PD is responsible for adhering to all application guidelines and meeting submission deadlines as established by funding organizations.*

NOTE: *The PI/PD is responsible for complying with any and all terms and conditions of funding organizations, including grant reporting requirements and the financial tracking of grant expenditures, if an award of grant funding is approved.*

DISCLAIMER: *The Spalding University Office of Advancement is not responsible for the authorization of university costs or the allocation of university resources.*

Frequently Requested Institutional Data

Legal Business Name:	Spalding University, Inc.
Employer ID # (EIN):	61-0444780
County:	Jefferson
Congressional Dist.:	KY-003
DUNS Number:	081015281
UEI:	J3KPEDNN74R6
CAGE Code:	06PL3
Address:	Spalding University 845 S. Third Street Louisville, KY 40203-2213

SPALDING UNIVERSITY GRANT PROPOSAL PROCESSING FORM

Principle Investigator/Project Director (PI/PD):		Department/Program:	
PI/PD Phone:		PI/PD Email:	
Project Title:			
Funding Organization:		Funding Opportunity No. and/or Program Title	
Grant Funding Start Date:	Grant Funding End Date:	Submission Deadline(s):	
Dollar Amount of Grant Request: (If subaward: Only list funds requested for Spalding.)	Type of Project: <input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Program <input type="checkbox"/> Other (specify)	Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Revision	
For subawards, indicate type: <input type="checkbox"/> Spalding University will act as lead institution – List subaward(s): <input type="checkbox"/> Spalding University will receive a subaward – List lead/primary institution:			

Please answer the following:

1. Where will the project take place? If grant funded activities will occur outside of your office, lab, or institutional space, please specify location(s):
2. Does the project require additional laboratory or office space for equipment, employees, and/or students? Please explain; if location is known, please list here:
☐ Yes
☐ No
3. Will renovation or construction be necessary to complete this project? If yes, have you obtained an estimate from the Facilities Office? If yes, are funds included in the proposal budget to cover the expense? If funds are not included, please indicate the planned source of funding.
☐ Yes
☐ No

4. Does the project require cost sharing (e.g. match, personnel, or in-kind) from the university or other sources? Please describe:

5. Does the project include course release time or leave? If yes, please describe:

☐ Yes

☐ No

I hereby certify that the information provided in the attached documents and this form are true and complete to the best of my knowledge, and I agree to comply with the funding organization's terms and conditions if an award of grant funding is approved.

Principle Investigator/Project Director

(Date)

Co-Investigator/Co-Director

(Date)

(If there are other co-investigators/co-directors, please provide their signatures on the back of this form.)

The attached proposal is within the total program and academic objectives of the department. Adequate space is available or planned to accommodate this project. The allocation of any and all professional time is realistic and within university guidelines.

**Department Chair, Program Director,
Associate Dean, Dean, or other supervisor**

(Date)

University Leadership:

This proposal has been reviewed. It is consistent with the overall objectives of the university.

We authorize the applicant to enter into contracted obligations on behalf of Spalding University.

Chief Financial Officer

(Date)

Provost

(Date)

President

(Date)