**Grant Proposal Form**

**Grant Seeker Contact Information:**

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| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Title:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Dean/Supervisor:** |  |
| **Division/Department:** |  |

**Grant Information:**

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| --- | --- |
| Proposal Type: | Circle one: New Renewal |
| Grant RFP Title: |  |
| Granting Agency: |  |
| Agency Type: | Circle one: Federal State Local Foundation Other |
| Source of Funds: | Circle one: Federal State Private |
| Due Date of Proposal: |  |
| Grant Period: |  |
| Amount Requested: |  |

**Project Description:**

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| Is Match or Cost Share required: | Circle one: Yes No |
| Is an Indirect Cost Rate available: | Circle one: Yes No |
| Will WVUP be required to sustain the project beyond the grant period: | Circle one: Yes No |
| If so, has a business plan been developed to ensure sustainability: | Circle one: Yes No |
| Does funding require new personnel to be hired: | Circle one: Yes No |
| If so, does the personnel budget include fringe benefits costs: | Circle one: Yes No |
| Does funding compensate current existing staff: | Circle one: Yes No |
| For any items marked “Yes”, please describe each: |  |

**How does the grant meet the mission and needs of WVUP?**

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**How will the project be implemented? (Include project activities with a timeline)**

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**Who will be involved in the project?**

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**How will the grant funds be used for the project?**

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**Project Approval:**

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| Dean/Supervisor: |  |
| EVP of Academic Affairs & Student Services: |  |
| Chief Financial Officer: |  |
| Executive Director of Human Resources (if personnel are included): |  |
| President: |  |