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| **SPECIAL PROJECT FUNDING REQUEST FORM** | | | |
| ***Instructions:*** *This form is to be used if an individual or group of individuals requests funding for a special project from multiple sources. If the funding needs can be met at the department level, this form need not be used. Supplemental information should be provided as suggested in attached appendices. The originator must indicate who the form is to be routed to by checking the* *and listing that individual or office on Page 2. Agencies/offices providing funding should make a copy of the form for their records before forwarding to the next office. The last office should return the completed form to the originator. It is the responsibility of the originator to work with each area that has committed funds to complete the transfer of funds to the appropriate department/organization budget.* | | | |
| **Preparer/Project Director:** | | **Date:** | |
| **Faculty:** | **Staff:** | | **Student:** |
| **Department/Center/Major:** | | | |
| **FUNDING AUTHORIZATION** | | | |
| |  | | --- | | **EXTERNAL (NON-UNIVERSITY) FUNDING ONLY:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  External Funding source No. 1 Contact Person  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Funding verified by Date Amount Funded  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  External Funding source No. 2 Contact Person  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Funding verified by Date Amount Funded  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  External Funding source No. 3 Contact Person  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Funding verified by Date Amount Funded |   **INTERNAL FUNDING –** Signatures are required at each stage of the funding process:   Dr. David Wood, Department Head, Department of English    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Department Head Signature** Date Amount Funded  Comments:  Dr. Robert Winn, Dean, College of Arts & Sciences  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **College Dean Signature** Date Amount Funded Comments:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_  **Other** Date Amount Funded  Comments:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_  Date Amount Funded Comments:  **Project Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Report filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Date**  **Final Report on project to be submitted to the College Office** | | | |

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| |  | | --- | | **Appendix A** | | Brief Description of Project: | | Rational for project, including benefits to the University:   |  | | --- | | Timetable for completion of project (including travel dates if applicable): | | | **Appendix B**  Budget for project: | |  | |
| **Total Amount Requested: $ \_\_\_\_\_\_** |