

**SAINT PETER'S COLLEGE
GRANT SUBMISSION INTENT FORM**

Name _____ Department _____ Date _____

Project title _____

Proposed project start date _____ End date _____

Proposed funding source(s) _____

Amount of funding needed _____ Amount of funding already in place _____

Does this project require any resources from SPC? Yes No

If yes, what kind and amount? (Attach additional sheet(s) if needed)

Personnel workloads brought on by this project will be covered by:

- Not applicable
- Hiring new
- Reassigning existing employee(s) to the project, employee(s) current workload will be:
 - Covered without additional expenditure to SPC
 - Covered by overload or part-time employee(s) effort
 - Covered by hiring temporary replacement(s)

Below, briefly outline the particulars, objectives and need for the proposed project. Attach additional pages if necessary and a budget if possible.

APPROVALS

1. Department Chair/Supervisor _____ Date _____

2. Dean, CAS/SBA (if Academic Affairs; if not, skip to #3) _____ Date _____

3. Vice President of Division _____ Date _____

4. Vice President for Advancement (for private grants) _____ Date _____

For institutional or private grants, please forward completed form to Carolyn Weaver (cweaver@spc.edu ; fax: 201.761.6101). For government grants, please forward to Frederick Bonato (fbonato@spc.edu); fax: 201.761-6301.