

Sinclair Community College Grants Office Transmittal Form

PROPOSAL DATA

Principal Investigator:

Project Number:

Division:

Department:

Project Title:

Sponsor:

Project Type:

Tier:

Start Date:

End Date:

Deadline:

BUDGET DATA

Direct Funds Requested
Indirect Funds Requested
Sinclair In-Kind
Sinclair Matching
Other Matching Fund

Total

Personnel

Personnel workloads, if applicable, will be covered by:

- Hiring new employees
- Reassigning existing employee(s) to the project; employee workload will be:
 - Covered without additional expenditure to Sinclair
 - Covered by overload or part-time employee(s) effort
 - Covered by hiring temporary replacement(s)

APPROVALS

1. Grants Development Office

Date

2. Grants Accounting Manager

Date

3. Budget Office

Date

4. Vice President and Chief Financial Officer

Date

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Principal Investigator:

Project Title:

Proposal Abstract

Comments

