**AUTHORIZATION TO PURSUE FUNDING RESOURCES**

Purpose of this form is to acquire Administrative approval/authorization to begin preparation of a grant/contract proposal on behalf of Northwest Indian College. If you identify a grant/contract funding opportunity that you would like to apply for, please complete this form and return to the Office of Research and Sponsored Programs to request administrative approval.

***Please submit two weeks prior to proposal due date.***

DATE: **Date Submitted to SP**

Principle Investigator/Project Director: **PI/PD Name** Co-PI (if any): **Co-PI/PD Name**

PI Time Commitment: **% of Time** Co-PI Time Commitment: **% of Time**

Department/Program: **Department &/or Program Project Will Assist**

Funder/Sponsor: **Agency Name**

Project Title: **Title & Abbreviation** Funding Opportunity Number: **Opp#**

Award or Sub-Award: **Choose an item.**: If Sub-Award, Prime Awardee Agency: **Agency Name**

* If other, what type of award: **Type of Award**

 Proposal Type: **Choose an item** Award Type: **Choose an item *If Research on Human Subjects, attach IRB approval.***

Method of application: **Choose an item** If “Other” – explain: **Click here to enter text**

**Timeline** for Application Process: Due Date for submitting grant: **Date Due**; LOI[[1]](#footnote-1)/NOI[[2]](#footnote-2) Date: **Date Due**; Notification for request for full proposal date: **Date Due**

Proposed Project Begin Date: **Begin Date** Term: **#** Years

Purpose of Funding Opportunity: **Purpose**. (**attach *project abstract* and *proposed budget***)

Identify any other NWIC department(s)/program(s) you are collaborating with and how: **Explain**

Will this project be sustainable when the grant ends: **Choose an item**

* + If Yes/No, explain: **Explain why the project is/is not sustainable**

How will project activities be continued after the grant: **Choose an item**

Describe how this project supports: NWIC Core Themes  **Explain;** Strategic Plan **Explain;** and/or Mission Statement: **Explain**

Duration of Project: **# of Months/Years** Potential Award Amount: **$Amount$**

Number of ***Select Classification*** employees/positions to be paid from this grant: **#** ; **#** ***Select Classification***; **#** ***Select Classification***; **#** ***Select Classification***. If Other, **Explain**

Indirect Cost Applicable: **Choose an item.** *If Yes, please attach documentation on what is allowable*.

* + If No, explain: **Click here to enter explanation.**
	+ If Yes, at what rate: **IDC Rate.**

Amount of Matching Funds Required: $**$Amount$** cash; and/or $**$Amount$** In-kind.

Is grant writer requested: **Choose an item.**

* + If Yes, do you recommend/prefer someone: **Name(s)**
	+ If No, name Grant Writer(s): **Name(s)**

A2P Completed by: **Your name** PI Signature:

Supervisor (Dept Chair) Approval: Date:

* Special Conditions/Notes: **Notes**

Dean/Vice President Approval: Date:

**SEND COMPLETED FORM TO:** **SponsoredPrograms@nwic.edu** **or w/Barbara Roberts or Debbi Mele Mai in OSP.**

THIS BOX IS FOR OFFICE OF RESEARCH AND SPONSORED PROGRAM USE ONLY

President’s Approval: Date:

Notify: [ ]  Proposed PI [ ]  Vice President [ ]  ORSP Grant Writer

1. LOI = Letter of Intent [↑](#footnote-ref-1)
2. NOI – Notice of Intent [↑](#footnote-ref-2)