**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. **SP Enters Date**

***Please submit two weeks prior to proposal due date.*** DATE Rec’d by SP: \_\_\_\_\_\_\_\_\_

Date: **Today’s Date** \*Principle Investigator/Project Director: **PI/PD Name** PI Time Commitment: **% of Time**

Co-PI (if any): **Co-PI/PD Name** Co-PI Time Commitment: **% of Time**

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

Funder/Sponsor/Grant Agency: **Agency Name**  Primary Agency (if Sub-award): **Agency Name**

Grantor Opportunity Title: **Title & Abbreviation** Type of Grant: **Choose an item**

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

Proposal Type: **Choose an item** Award Type: **Choose an item** If Other: **Award Type, if Other**

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

***NOTE: If Research on Human Subjects, attach IRB approval.***

Method of application: **Choose an item** If Other: **Method, if Other**

**Timeline** for Application Process: LOI[[1]](#footnote-1)/NOI[[2]](#footnote-2) Date: **Date Due**; Notification for request for full proposal date: **Date Due; Due Date for submitting grant:** **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 employees/positions to be paid from this grant: **#**  ***Select Classification***; **#** ***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**](mailto: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 the following:* Proposed PI; Proposed Co-PI, if applicable; Dean/Supervisor/Vice President; ORSP Grant Writer.

1. LOI = Letter of Intent \* REQUIRED IN RED [↑](#footnote-ref-1)
2. NOI = Notice of Intent [↑](#footnote-ref-2)