



## 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 (Submit  
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  
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  
○ If other, what type of award: Type of Award  
**Timeline** for Application Process: Due Date for submitting grant: Date Due; LOI<sup>1</sup>/NOI<sup>2</sup> 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

<sup>1</sup> LOI = Letter of Intent

<sup>2</sup> NOI – Notice of Intent