

# PROPOSAL PLANNING SHEET

<b>Proposal Due Date:</b>		Proposal Name:
Anticipated Award Notification Date:		Funding Agency:
Start Date:		Web Address for RFP:
Program Length:		School or Unit:
CFDA# or other ID#		Academic Department:

**Principal Investigator:** \_\_\_\_\_

Is this person a:   \_\_\_ Faculty member   \_\_\_ Staff   \_\_\_ Senior Administrator   \_\_\_ Other (Please explain) \_\_\_\_\_

**Co-Investigator:** \_\_\_\_\_

Is this person a:   \_\_\_ Faculty member   \_\_\_ Staff   \_\_\_ Senior Administrator   \_\_\_ Other (Please explain) \_\_\_\_\_

**Co-Investigator:** \_\_\_\_\_

Is this person a:   \_\_\_ Faculty member   \_\_\_ Staff   \_\_\_ Senior Administrator   \_\_\_ Other (Please explain) \_\_\_\_\_

**Project Director:** \_\_\_\_\_

Is this person a:   \_\_\_ Faculty member   \_\_\_ Staff   \_\_\_ Senior Administrator   \_\_\_ Other (Please explain) \_\_\_\_\_

<b>Is this Grant a:</b> ___ New Grant Proposal ___ Continuation Grant Proposal ___ An annually applied for grant that has been previously funded.		<b>Type of Grant:</b> ___ Grant ___ 501(c)(3) Foundation ___ Contract ___ Other-Specify _____
		<b>Funds Requested: \$</b>

<table border="1"> <tr> <td>Required Match?</td> <td>___ YES ___ NO</td> </tr> <tr> <td>If Yes, % of Match Required</td> <td></td> </tr> </table>	Required Match?	___ YES ___ NO	If Yes, % of Match Required			<b>Indirect Costs: \$</b>
Required Match?	___ YES ___ NO					
If Yes, % of Match Required						
	<table border="1"> <tr> <td>NOC Match In-kind</td> <td>\$</td> </tr> <tr> <td>NOC Cash Match</td> <td>\$</td> </tr> </table>	NOC Match In-kind	\$	NOC Cash Match	\$	
NOC Match In-kind	\$					
NOC Cash Match	\$					

Description of project (summarize activities as a result of the proposal):

Briefly describe a timetable for the submission process. Include enough time for the Grants Oversight Committee to review the proposal.

Explain how this project corresponds to the Northern Oklahoma College mission.

Personnel to be Involved	%	Paid by Grant (G), Paid by Match/Contribution (M), or Volunteer/In-kind (V)	Other Grant Commitment	If Yes, % of Time
		___G ___M ___V	___Y or ___N	
		___G ___M ___V	___Y or ___N	
		___G ___M ___V	___Y or ___N	
		___G ___M ___V	___Y or ___N	

**Approval**

\_\_\_\_\_  
**Immediate Division Chair, Supervisor or Vice President of the Principle Investigator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Grants Coordinator, Academic Affairs**

\_\_\_\_\_  
**Date delivered to Academic Affairs**

**FOR ACADEMIC AFFAIRS USE:**

**IP #** \_\_\_\_\_

**Date Entered in Database** \_\_\_\_\_

Principal Investigator Comments:

Grants Oversight Committee Comments:

## Proposal Planning Sheet Review Procedure

Once submitted, a review of the Proposal Planning Sheet and discussion of the budget will be conducted with the Grants Coordinator in the Academic Affairs Office and the Grants Oversight Committee.

If approved, a copy of this page and a copy of the proposal's signature page(s) will be submitted to the President for approval.

**REMINDER:** The college's president is the only authorized representative to sign grant applications or contracts. The President's signature must accompany all final proposals.

***The grant proposal cited above has successfully completed the institutional grant submission process and is recommended to the president for signature.***

\_\_\_\_\_  
Vice President for Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President for Financial Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President for Development  
& Community Relations

\_\_\_\_\_  
Date

\_\_\_\_\_  
**President**

\_\_\_\_\_  
**Date**