**GRANT NAME**

**PEOPLESOFT PROPOSAL ID**

**CFDA#**

1. Project Description/Scope of Work:

1. Funding and Position Data
	1. Federal Funds Applied For

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | New Positions\* | Existing Positions |
| Numeric Appropriation | Source | Revenue Type | Amount |  | FTE | Type | FTE | Type |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
| * 1. State Match
 |  | Yes [ ]  | No [ ]  |  |  | In Kind? | Yes [ ]  | No [ ]  |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |

\*New positions listed in the 16.54 Grant Review Process require approval via a *separate* 16.54 Position Review process conducted by the State Budget Office.

1. Indirect Cost Reimbursement

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes [ ]  | No [ ]  | Rate % |  | X | Base | $ | = | Amount | $ |

1. ADDITIONAL INFORMATION
2. Future State Commitment beyond the Original Grant:

Click or tap here to enter text.
3. Does this federal grant or state matching funds fund facilities related costs (lease, renovation, new construction, etc.)?
Yes [ ]  No [ ]
New [ ]  Existing [ ]

	1. How much from federal and state funding is anticipated to be budgeted toward facilities related costs?

	Federal: $ Click or tap here to enter text.
	State: $ Click or tap here to enter text.
	2. Does this require approval of the Building Commission? Yes [ ]  No [ ]
4. Other Oversight Required (i.e. legislative audit, etc.):
5. Budget Information (5Ak must equal 5Bk):

A. Total Estimated Project Cost:  $ 0.00

Estimated Line Item Budget:

|  |  |  |  |
| --- | --- | --- | --- |
|  | FTE/YEAR | Hourly Salary | Total Cost |
| a. Personnel |  |  | $0 |
| b. Fringe Benefits |  |  | $0 |
| c. Travel |  |  | $0 |
| d. Equipment |  |  | $0 |
| e. Supplies |  |  | $0 |
| f. Contractual |  |  | $0 |
| g. Construction |  |  | $0 |
| h. Other |  |  | $0 |
|  |  |  |  |
| i. Total Direct Charges |  |  | $0 |
| j. Indirect Charges (99.99%) |  |  | $0 |
| k. Total Project Budget\* |  |  | $0.00 |

1. Match Requirements: 0 %

|  |  |
| --- | --- |
| a. Federal Funds | $0 |
| b. State Funds | $0 |
| k. Total Project Budget\* | $0.00 |

\* Inside the total box, press F9 to update the total formula calculation.

C. Allotment and Position Information:

1) New Positions: Expanded information.

2) Existing Positions: Expanded information.

|  |
| --- |
| 1. Authorized Agency Representative Name and Title:

Click here to enter text. |
| 1. Signature:
 | 1. Date:

Click here to enter text. |