



GRANT PROPOSAL REVIEW FORM

Date:	
Principal Investigator/Program Director:	
Department:	
Phone#:	
Funding Agency:	
Funding Agency Deadline:	
Project Title:	
Project Period Start and End Date:	
Release Time Requested:	
IRB Required:	
Information Technology Review Required:	

Budget:	Grant	College *	Other Sources
Personnel:			
Benefits:			
Travel:			
Equipment:			
Other:			
Total Direct Costs:			
Indirect Costs <i>__ Indirect not allowed or reduced per funder *</i>			
TOTAL:			

*Mark **X** if applicable

Detail Other Expenses:

Abstract:

Mary Mader
Sponsored Programs

Eric Norman
Chief Financial Officer

Br. Isaac, OSB
VP/Academic Affairs

_____ date _____

_____ date _____

_____ date _____