

Grant Signature Sheet Chadron State College

*A completed version of this form and the grant application materials must circulate on campus for all grants with external funding. Project Directors/Grant Authors should receive the completed internal approval **BEFORE** applications leave campus. **Start the internal review process at least two weeks prior to when the grant needs to be submitted to grantor.***

Project Title: _____

Grantor: _____

Application Due Date: _____ **Funding Period:** _____

Funding Source: Federal, State or Private? _____

Is this grant a Sub-award? _____ If yes, through what agency? _____

CSC Project Director/Grant Author: _____

Phone: _____ Email: _____

Requested Amount: _____ In-Kind Funds: _____

Indirect Cost Funds – Amount: _____ Percentage: _____

Are there restrictions on claiming indirect costs? _____

State Matching Funds: _____ Use of State Matching Funds: _____

Is State Maintenance of Effort or Future Fiscal Responsibilities Required?*

If so, briefly describe: _____

** If the answer is yes, your grant may need prior approval by the Board.*

How many positions will be funded? _____ Full-time Employees: _____

How many of these are new positions? _____

Briefly describe the purpose(s) of this application:

CSC Project Director/Grant Author Responsibilities:

1. Complete this form, attach the application and materials, and submit to the Dean of School or Unit Supervisor to start the internal review process.
2. Send a copy of award notification letter to the Accountant for Grants upon notification by grantor.
3. If the project is funded, a copy of the final report must be submitted to the Accountant for Grants.

I have fully completed this Grant Signature Sheet and have started the internal review process at least two weeks prior to the application due date. I will not submit the application until I have received a copy of the fully-executed Grant Signature Sheet.

Signature: _____ Date: _____

Signatures

Dean of School or Unit Supervisor

I have reviewed the Grant Application and have determined the grant activities will not interfere with normal teaching or office responsibilities and fits within the mission of the institution and that a Project Director/Grant Author has been identified.

Signature:

Date:

Appropriate Vice President

I have reviewed this Grant Application and concur the grant activities will not interfere with normal teaching or office responsibilities.

Signature:

Date:

Vice President of Administration and Finance

I have reviewed the Grant Application and have determined that all requirements can be handled within Chadron State College's accounting system and facilities.

Signature:

Date:

President

I have reviewed the Grant Application and have determined that all Chadron State College requirements and responsibilities have been addressed and appropriate signatures obtained.

Signature:

Date:
