

# Centenary

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## Grant Routing Process/Form

In order to assist and accommodate faculty in their pursuit of grants to enhance the educational mission of Centenary College of Louisiana, this form must be completed and submitted to the Director for Grants and Faculty Endowments with the signed approval of the department supervisor, division cabinet member and any supporting documentation as indicated or needed. Please complete early in your grant writing process.

### Steps for Submitting Grant Proposals

1. Complete the following information:

Project/Program Name \_\_\_\_\_ Department \_\_\_\_\_

Submitted by \_\_\_\_\_ Title \_\_\_\_\_

Funding Agency \_\_\_\_\_ Grant Program \_\_\_\_\_

Budget Request: Direct Costs \_\_\_\_\_ Indirect Costs \_\_\_\_\_

Match Requirement: \_\_\_\_\_ None \_\_\_\_\_ Cash \$ \_\_\_\_\_ In-Kind \$ \_\_\_\_\_

Source(s) of Match \_\_\_\_\_

Duration of Project \_\_\_\_\_ One grant cycle \_\_\_\_\_ Multi-year proposal \_\_\_\_\_ How many years? \_\_\_\_\_

Start/End Dates \_\_\_\_\_ Deadline for submission \_\_\_\_\_

2. Please attach a brief narrative that addresses the following:

- a. Description of the project

- b. How does this project align with the mission of the College?

Include the following if "yes."

\_\_ yes \_\_ no Does this project include sub-grantees or partners? If so, be sure to list.

\_\_ yes \_\_ no Will any new positions be created? If yes, how many and for what purpose?

\_\_ yes \_\_ no Does this proposal involve release time for faculty? If yes, please describe.

\_\_ yes \_\_ no Will additional space be required? If yes, attach impact statement from the Director of Facilities.

\_\_ yes \_\_ no Is technology included? If yes, attach impact statement from the Director of Information Technology.

\_\_ yes \_\_ no Is IRB approval required? If yes, attach approval, application, or plan for application.

Signatures required for proposal submission. Signatures indicate approval for submission.

\_\_\_\_\_  
Proposal Author

\_\_\_\_\_  
Dept. Supervisor

\_\_\_\_\_  
Grants Administrator

\_\_\_\_\_  
Division Cabinet Member

\_\_\_\_\_  
Vice President of Finance/Admin.

\_\_\_\_\_  
Date

Fund	Organization	Program	Account