



# GRANT APPROVAL FORM

The Project Lead (PL) is responsible for filling out this form and obtaining all required signatures before submitting a proposal. Please fully complete this form and present it to your department chair and the division/school dean (or equivalent) **at least 3 business days prior to the proposal due date**. After division approval, send the form along with the completed grant application and attachments to the Office of the Provost for university approval. After the form is fully signed, an electronic copy will be sent to the Project Lead from the Office of Advancement.

Project Lead \_\_\_\_\_

Collaborator: \_\_\_\_\_ Role \_\_\_\_\_

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Proposal Title \_\_\_\_\_

Funding Source \_\_\_\_\_

Grant Deadline \_\_\_\_\_ Anticipated Decision Date \_\_\_\_\_

PLU Department/Division/School \_\_\_\_\_

Project Period (MM/DD/YYYY) \_\_\_\_\_ to \_\_\_\_\_

## Program/Project Description

Total amount requested \$ \_\_\_\_\_ Total project cost \$ \_\_\_\_\_

Required Match \$ \_\_\_\_\_ Indirect costs requested \$ \_\_\_\_\_

*\*matching funds from the University must get prior written approval*

## Project Lead Assurances

My signature below certifies that: 1) the information submitted within the application is true, complete and accurate to the best of my knowledge; 2) any false or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; 3) I agree to accept responsibility for the conduct of the project; and 4) I agree to provide the required reports if a grant award results from the application.

\_\_\_\_\_  
Project Lead Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Grant Approval Form  
**University Assurances**

**Department Chair and Division/School Dean**

My signature below certifies that I have reviewed this application and approve all of the following as applicable: 1) faculty and/or staff time commitments; 2) cost-share or matching commitments; 3) use of university facilities; 4) required facility modification or remodeling; and 5) overall cost of equipment to be purchases, including shipping, set-up and maintenance.

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**Provost**

My signature certifies that I have reviewed this application and confirm that the project's activities are consistent with the mission of the university. It also confirms that adequate support and resources will be available in the event of an award.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VP for Finance and Administration**

My signature certifies that I have reviewed this application and approve the submission of the proposal on behalf of the university.

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*Once complete, please return this original form and grant attachments to  
Foundation Relations in the Office of Advancement*

**Office of Advancement**

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**FOR ADVANCEMENT USE ONLY**

Received on: \_\_\_\_\_

Gift Officer: \_\_\_\_\_

Gift Method \_\_\_\_\_

Designation: \_\_\_\_\_

FOAP: \_\_\_\_\_ Amount \_\_\_\_\_

FACT: \_\_\_\_\_ INFL: \_\_\_\_\_

Processing Notes: \_\_\_\_\_

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