

FUNDING RESEARCH FORM

Use this form for initiating exploration of funding for non-recurring equipment, software, or support that is important to you or your department. Completion of this form does not guarantee funding, but it is the first step in the process to locate available funding sources. These funding sources may include grants, donations, or other campus resources.

REQUESTOR INFORMATION		
Nam	ne: Title:	
Department/Division:		
DDOJECT INFORMATION		
	PROJECT INFORMATION	
1.	Why is this non-recurring project needed?	
2.	Why is it needed now or in the near future?	
3.	What are the benefits to the students?	
4.	What are the benefits to your department?	
5.	What are the benefits to the college?	

6.	What are the benefits to the community and service area?	
7.	Do you believe this project to be unique or are you aware of similar projects elsewhere?	
8.	Your best estimate of the project/equipment cost:	
9.	Do you have any Foundations, Corporations, and/or Government Agencies in mind to which we might submit proposals?	
10.	Do you have any inspirational stories regarding the students, faculty, staff, or community members which would benefit from this project or equipment? (Possibly to be used for grant writing purposes)	
	ADMINISTRATOR'S SUPPORT This section is to be completed by the supporting administrator	
Plea	se rate the overall support for this request: Low Priority	
I confirm this request cannot be satisfied by my departmental funds.		
Supp	oorting Administrator: (print) (title)	
Supporting Administrator: (signature) (date)		

Submit your completed form to the Foundation Office. Once it is received, you will get a confirmation of receipt from the Foundation office. If a potential funding source is located, the requestor will be contacted to discuss next steps.

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