**GRANT NAME**

**PEOPLESOFT PROPOSAL ID**

**CFDA#**

1. Project Description/Scope of Work:

1. Funding and Position Data
   1. Federal Funds Applied For

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | New Positions\* | | Existing Positions | |
| Numeric Appropriation | Source | Revenue Type | Amount |  | FTE | Type | FTE | Type |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
| * 1. State Match |  | Yes | No |  |  | In Kind? | Yes | No |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |
|  | Select | Select | $ |  |  | Select |  | Select |

\*New positions listed in the 16.54 Grant Review Process require approval via a *separate* 16.54 Position Review process conducted by the State Budget Office.

1. Indirect Cost Reimbursement

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes | No | Rate % |  | X | Base | $ | = | Amount | $ |

1. ADDITIONAL INFORMATION
2. Future State Commitment beyond the Original Grant:  
     
   Click or tap here to enter text.
3. Does this federal grant or state matching funds fund facilities related costs (lease, renovation, new construction, etc.)?   
   Yes  No   
   New  Existing   
   1. How much from federal and state funding is anticipated to be budgeted toward facilities related costs?  
        
      Federal: $ Click or tap here to enter text.  
      State: $ Click or tap here to enter text.
   2. Does this require approval of the Building Commission? Yes  No
4. Other Oversight Required (i.e. legislative audit, etc.):
5. Budget Information (5Ak must equal 5Bk):

A. Total Estimated Project Cost:  $ 0.00

Estimated Line Item Budget:

|  |  |  |  |
| --- | --- | --- | --- |
|  | FTE/YEAR | Hourly Salary | Total  Cost |
| a. Personnel |  |  | $0 |
| b. Fringe Benefits |  |  | $0 |
| c. Travel |  |  | $0 |
| d. Equipment |  |  | $0 |
| e. Supplies |  |  | $0 |
| f. Contractual |  |  | $0 |
| g. Construction |  |  | $0 |
| h. Other |  |  | $0 |
|  |  |  |  |
| i. Total Direct Charges |  |  | $0 |
| j. Indirect Charges (99.99%) |  |  | $0 |
| k. Total Project Budget\* |  |  | $0.00 |

1. Match Requirements: 0 %

|  |  |
| --- | --- |
| a. Federal Funds | $0 |
| b. State Funds | $0 |
| k. Total Project Budget\* | $0.00 |

\* Inside the total box, press F9 to update the total formula calculation.

C. Allotment and Position Information:

1) New Positions: Expanded information.

2) Existing Positions: Expanded information.

|  |  |
| --- | --- |
| 1. Authorized Agency Representative Name and Title:   Click here to enter text. | |
| 1. Signature: | 1. Date:   Click here to enter text. |