Deadline:  Mailing Date Receipt Date	HOOD COLLEGE Grant Proposal Routing Form		To be con	Proposal Number:  To be completed by grants office		
PROJECT DIRECTOR/INVESTIGATOR INFORMATION						
1. Principal Investigator/ Project Di	rector: 2. Depar	rtment:	3. Telephone:	4. Fax:		
5. CoPI/PD(s) (include department, or affiliation if not from Hood):						
GENERAL PROPOSAL INFORMATION						
6. Proposal Title:						
7. Project Period:	8. Funding Agency and Program Name (list solicitation webpage, if available):					
Start: Finish:						
9. Address of agency/foundation (if proposal will be mailed by grants office):						
PROJECT OVERVIEW						
10. Project Description:						
BUDGET						
11. Budget Overview:						
	Total Project	Year One (multi yr. projects only)	Year Two (multi yr. projects only)	Year Three (multi yr. projects only)		
Funds Requested from Grant Agency						
Matching Funds Requested						
Total Project Budget						
A. Is a match from the College required?						
Describe the source of the matching funds:						
B. Indirect Cost Percentage: % of direct salaries and wage The agency will not pay indirect co Other - Describe:		efits				

SPECIAL REVIEW CHECKLIST						
13. The attached proposal involv	ves the following:	YES	NO			
Course reduction:						
New hires or extensive personnel	use:					
Procurement Policy and obtain at	\$5,000, please read the Hood Colle least three bids. If the equipment you nance and/or operating costs, pleas	ou are				
Additional office, lab or other faci	lities needed:					
Subcontracts:						
Participation from other institution  List:	ns/agencies:					
Other: Describe:						
	ECT DIRECTOR/ INVESTI	GATOR(S) ASSURANCES				
	Investigator/Co-investigator(s): date. I agree to accept responsibilits from this application.  Date Co-inv. Signature		and for provision of			
DEPARTMENT CHAIR						
B. Department Chair: The attached application is approved by the department. It is in alignment with department objectives and goals. Resources and time are properly allocated. I have reviewed the needs contained in the Special Review Checklist and proposal, and they can be accommodated by the department if the project is funded.  Department Chair  Date						
SENIOR TEAM SUPERVISOR						
academic objectives of the divisi contained in the Special Review funded.	Level Supervisor(s): The attache on. Professional time allocations a Checklist and proposal, and they c	re realistic as described. I have	reviewed the needs			
Vice President	Date	POVA				
COLLEGE APPROVAL						
C. Grants Office, Institutional A consistency with funding agency in modifications have been communications.	structions and requirements, and I					
Director of Grants	Date					

<b>D. Vice President for Finance and Treasurer</b> : The proposed project's budget is approved. It is consistent with the program objectives of the College, and the financial commitments to this project are acceptable. I have reviewed the needs contained in the Special Review Checklist and proposal, and I agree the institution will provide them as described in the application if the project is funded.					
All required matching funds will be provided from account #					
Vice President for Finance and Treasurer Date					
NOTICE: Proposals are to be submitted to Grants Office  at least five working days prior to agency deadlines to ensure timely submission to the funding agency					

The President and Vice President for Finance and Treasurer have the authority to commit Hood College to legally-binding agreements. When the Hood College grant routing form is fully executed, it allows the Director of Grants to act as Hood College's Authorized Organizational Representative (AOR) for sponsored programs.