

BANNAN VISITOR PROPOSAL COVER PAGE

		Today's Date			
1. Name of Visitor					
2. Name of Person submitting Proposal					
3. Phone		E-Mail			
FAX					
4. Provide you <u>4 – 6 letter</u> Department ID or Program ID. (Not a Fund number!) This information <u>must</u> be provided. (e.g. ECON for Economics Department, LACLNC for Law Clinic.)					
SCU Department ID or Program ID		Contact Person		Ext.	
<i>* You must have an SCU Affiliation</i>					
5. Total cost of visitor		\$			
6. Amount of money requested from Bannan Institute		\$			
7. Amount requested from other sources, if any (please list):					
		\$			
		\$			
		\$			
8. Please explain briefly what will happen if you do not receive funding from the Bannan Center.					
Department Chair or Supervisor Approval					
	Name (Type or Print)		Signature		Date

Submit All Proposals to: Bannan Institute, Sobrato Hall, Room 30, Santa Clara University, 500 El Camino Real, Santa Clara, CA 95053-0452. (Electronic **copies** of proposals via email are encouraged.)

**Proposed Budget
Bannan Visitor**

Name: _____

Visitor's Name: _____

I estimate that I will spend the money I am requesting as follows:

<u>PRIME ACCOUNT</u>		<u>AMOUNT</u>
SUPPLY	office, lab, or instruction supplies	
PHONE	telephone charges	
REPROD	copying, printing	
MAIL	postage, mailing, fax charges	
TRAVEL	domestic transport, lodging or meals	
SPCEVT	food charges, room charges for a special event	
CONTRS	guest speaker honoraria, research subject fees, professional services	
MISC	publications, subscriptions, membership dues	
SWAGE	student wages	
STFSAL	staff salary	
FACSAL	faculty salary	
BENEXP	student, staff, and faculty benefits	
	TOTAL	_____

Please note:

In the event that this grant is awarded, your department is responsible for any overdrafts associated with this grant.

See Page 3.

Bannan Visitor Evaluation Form

Date _____

Visitor Name _____

Name of Grantee _____

Phone _____

Part I: [To be completed for submission along with your original grant proposal.]

List the intended outcomes of this Visitor's visit time on campus: (Use additional pages if necessary)

**PENDING APPROVAL OF YOUR GRANT - PARTS II AND III ARE TO BE COMPLETED
AT THE END OF YOUR GRANT PERIOD.**

Part II

Briefly describe the actual measurable outcomes of this visit and the assessment tools you used. (Use additional pages if needed.)

Part III: Describe any other outcomes of the visit.