

BANNAN GRANT PROPOSAL COVER PAGE	Date:	
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1.	Proposal Title					
2.	Name of Applicant					
3.	Phone		E-Mail			
	Fax					
4.	Type of Grant (check one)	<input type="checkbox"/> Bannan Grant		<input type="checkbox"/> Dialog & Design Grant		
5.	Required: Provide your 4-6 letter department or program ID. This is not a fund number. (i.e. ECON for Economics Department; LACLNC for Law Clinic)					
	Department/Program ID					
	Contact Person				Extension	
6.	If your department does not provide administrative assistance to manage grants, we will provide assistance. Will you be in need of assistance to manage your grant?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	Total cost of proposed project:				\$	
8.	Amount requested from the Ignatian Center:				\$	
9.	Amount requested from other sources, if any (please list):				\$	
					\$	
					\$	
10.	Please briefly explain what will happen to this project if you do not receive funding from the Ignatian Center:					
Department Chair or Supervisor Approval						
		Name (type/print)		Signature		Date

Submit all proposals to: Theresa Ladrigan-Whelpley, Ignatian Center for Jesuit Education, Sobrato Hall, Room 34, Santa Clara University, 500 El Camino Real, Santa Clara, CA 95053-0454. tladriganwhelpley@scu.edu
Electronic **copies** of proposals via email are encouraged.

BANNAN GRANT PROPOSED BUDGET	Date:	
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Proposal Title	
Name of Applicant	

I estimate that I will spend the requested funds as follows:

<u>Primary Account</u>	<u>Description</u>	<u>Amount</u>	
SUPPLY	Office, lab, instruction supplies	\$	
PHONE	Telephone charges	\$	
REPROD	Copying, printing	\$	
MAIL	Postage, mailing, fax charges	\$	
BSTRVL	Domestic transport, lodging, meals	\$	
INTRVL	Foreign transport, lodging, meals	\$	
SPCEVT	Food, room charges for special event	\$	
CONTRS	Guest speaker honoraria, research subject fees, professional services	\$	
MISC	Publications, subscriptions, membership dues	\$	
STFSAL	Staff salaries	\$	
SWAGE	Student wages	\$	
FACSAL	Faculty salary	\$	
BENEXP	Benefit expenses for faculty, staff, student	\$	
	TOTAL	\$	

****Please Note:** In the event that this grant is awarded, your department is responsible for any associated overdrafts.

BANNAN GRANT PROPOSAL EVALUATION FORM	Date:	
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Proposal Title			
Name of Applicant			
Phone		Email	

Part I: *(To be completed for submission along with your original grant proposal.)*
List the intended outcomes for this project: (use additional pages if necessary)

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Pending approval of your grant, Parts II & III are to be completed at the end of your grant period

Proposal Budget				
Account Number	Fund	Dept ID	Program	Activity

Part II: Briefly describe the actual measurable outcomes of this project and the assessment tools you used: (use additional pages if necessary)

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Part III: Describe any other outcomes of your project.

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