

GRANT PROPOSAL COVER PAGE

You can type information directly into the cells below.

						Date		
1. Proposal Title								
2. Name of Person submitting Proposal								
3. Phone			E-Mail					
FAX								
4. Type of Grant (Please check one):								
<input type="checkbox"/> Bannan Grant			<input type="checkbox"/> Dialog and Design Grant					
5. 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>								
6. If your department does not provide administrative assistance to manage grants, we will provide help. Do you need for us to help manage your grant?						<input type="checkbox"/>	Yes	<input type="checkbox"/> No
7. Total cost of proposed project						\$		
8. Amount of money requested from Bannan Center						\$		
9. Amount requested from other sources, if any (please list):						\$		
						\$		
						\$		
10. Please explain briefly what will happen to this project 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. We can email you this Cover Page or you can find it at <http://www.scu.edu/ignatiancenter/bannan/grants/index.cfm>)

**Proposed Budget
Bannan Grant**

Name: _____

Proposal Title: _____

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.

Grant Proposal Evaluation Form

Date _____

Proposal Title _____

Name of Grantee _____

Phone _____

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

List the intended outcomes of this project: (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.

PROPOSAL BUDGET ACCOUNT NUMBER

14006		RSCH	
Fund	Dept ID	Program	Project ID

Part II

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

Part III: Describe any other outcomes of your project.