Funding Source Approval Form (Form 2)

Please use this form for Foundations, Corporations, and Government Agencies only.

Please fill out the Funding Source section for <u>each</u> external funding source (up to three per form) to which you are interested in applying and return to the Office of Research via email <u>ndaly@mica.edu</u>.

Faculty Applicant Information							
Name:		MICA I	Phone:	Alt. Phone:			
Title:	MICA E-mail:						
Department or Research Center:							
Project Title:							
Funding Source #1							
Name:							
City:	State:						
Type of	Type of Funder: (Select one)						
If this source has several grant-making programs, please identify the one that fits your project:							
	ted request amount: \$		Deadline/desired submission date:				
Please list any eligibility requirements (including financial matches) that must be satisfied in order for this							
project to be considered for funding by this source. If none, leave blank.							
CFG Office Use Only							
Source Approved Comment:							
Source Declined Reason:							
Funding Source #2							
Funding Source #2 Name:							
City:		State:					
Type of Funder: (Select one)							
If this source has several grant-making programs, please identify the one that fits your project:							
Anticipated request amount: \$ Deadline/desired submission date:							
Please list any eligibility requirements (including financial matches) that must be satisfied in order for this							
project to be considered for funding by this source. If none, leave blank.							
CFG Office Use Only							
Source Approved Comment:							
	Source Declined Reason:						
□ Source Decimica Meason:							

Funding Source #3					
Name:					
City:	State:				
Type of Funder: (Select one)					
If this source has several grant-making programs, please identify the one that fits your project:					
Anticipated request amount: \$			Deadline/desired submission date:		
Please list any eligibility requirements (including financial matches) that must be satisfied in order for this					
project to be considered for funding by this source. If none, leave blank.					
CFG Office Use Only					
Source Approved Comment:					
Source Declined Reason:					
For Corporate, Foundation & Government Relations Office Use Only					
Date Rec	Date Received:		Date Returned to Applicant:		

Please share a copy of this form with your direct supervisor.