

Office of Sponsored Programs & Research
Grant Authorization Form
BO-052



Please attach a copy of the full grant proposal submission packet to this form.

Date Proposer or PI
Department
Email Phone #

Project Type

New

Renewal

Agency Submission Deadline

***Note that this form will not be accepted by Team AASPIRE if it is submitted with fewer than ten (10) business days remaining before grant agency deadline.**

Funding Amount

Institutional Match Required

Yes

No

Funding Agency

If In-Kind Services (e.g., building usage, security, etc.) are required, please specify details below:

for Dean (or immediate supervisor) only

I support this proposal

Yes **No**

Dean Comments:

Dean and School:

signature: _____ *date:* _____

By signing below, I hereby affirm that the proposal will be submitted through the Office of Sponsored Programs, an office of Team AASPIRE.

Dr. Joseph F. van Gaalen, Asst. Vice President of Institutional Research, Assessment, & Effectiveness (Team AASPIRE)

signature: _____ date: _____

By signing below, I hereby affirm that the proposal has the potential to expand educational access, experience, and or workforce programming.

Dr. Judith Bilsky, Vice President of Academic Affairs

signature: _____ date: _____

By signing below, I hereby affirm that the proposed funding and planning is feasible through either current or proposed plans and/or procedures.

Tobias Discenza, Asst. Vice President, Financial Planning & Athletics

signature: _____ date: _____

By signing below, I hereby affirm that the proposal supports the FSW community plans and allocation of financial and physical resources.

Dr. Gina Doeble, Senior Vice President, Chief Operating Officer

signature: _____ date: _____

--- ONLY NEEDED IF PROPOSAL EXCEEDS \$100,000 ---

By signing below, I hereby affirm that the proposal supports the FSW community plans and allocation of financial and physical resources, is feasible through current or proposed actions, and is guided by the strategic directions of the College.

College President

Dr. Jeffery Allbritten

signature: _____ date: _____
