



Grant Proposal Transmittal Form

This form must be completed and signed prior to submitting an application

Project Title: _____

Project Director: _____ *Department:* _____

Campus: _____ *Project Start Date:* _____ *Project End Date:* _____

Name of Funding Source: _____

Application Deadline: _____ *Online Portal* *Email* *Post/FedEx*

Budget data	<i>1st Year</i>	<i>Total Years</i>
<i>Grant request</i>		
<i>NOVA Cash Match</i>		
<i>NOVA Cost Share</i>		
<i>Total Budget</i>		

Does this program allow for Indirect Cost? Yes No If "No" provide documentation

Indirect Cost rate on campus off campus

If other, please explain _____

Does this program require the participation of other NOVA divisions/depts.? Yes No If yes,*

please obtain the other division/dept. signatures: _____ Dean _____ Provost

Does this program include external partner institutions? If so, please name:*

Attach One Page Summary and Estimated Budget

Signatures for Approval

1. Project Director _____ *Date* _____

2. Pathways Dean or Director _____ *Date* _____

3. Provost _____ *Date* _____

4. Associate VP, Office of Grants _____ *Date* _____

5. Vice President, Finance & Administration _____ *Date* _____

6. Executive VP, Academic & Student Services _____ *Date* _____