## Scripps College Proposal/Letter of Inquiry Processing Form

Please download and complete the following form to the best of your ability and include a copy of your LOI, proposal, or an executive summary and budget detail or draft budget of your project. If you are unable to fill in the form electronically, please print and fill out by hand. Once you have completed and signed the form, please return to the Office of Foundation, Corporate & Government Relations at fcgr@scrippscollege.edu, which will circulate for institutional review.

| Project Director/Principal Investigator   |   | Department/Program  |
|---|---|---|
| Campus Extension  | ]                                       | Email   |
| Foundation Name   |   | Funding Opportunity Name (if applicable)  |
| Project Stage   | Type of Project                         | Have you applied for a grant from this foundation before?   |
| Grant Proposal  | Instruction                             | Yes   |
| Letter of Inquiry   | Research                                | No  |
|   | Other (Performance, Exhibition, Other)  |   |
| Amount of Request   | Total Project Budget (or best estimate) |   |
| Total amount to be requested from all <u>external</u> sources (not including Scripps) | Project Start Date                      | Project End Date  |
|   |   | ng Scripps College) you plan to approach for funding for a deadlines. If this project is a sub-award, please only |
| Organization 1:   | Amount Request                          | ing Submission Deadline:  |
| Organization 2:   | Amount Request                          | ing: Submission Deadline:   |
| Organization 3:   | Amount Requestin                        | g: Submission Deadline:   |

To provide a fuller picture of your proposed project, please complete the following questions. If additional space is needed, please attach a second page or use the back of this form. 1. Where will the project take place? If any activities will occur outside of your office and/or lab, specify location(s). 2. Does the project require additional lab or office space for Please explain. equipment, staff, and/or students? If yes, please specify the type and amount of space required and your planned use for the space. Yes No 3. Does the project include cost sharing -- cash, personnel, Please explain. or in-kind-- from the college or other sources? If yes, please describe the cost sharing proposed and identify the cost share funding sources. Yes No 4. Does the project include equipment? If yes, please Please explain. describe. Include sales tax in your budget estimates. Yes No 5. Does the project include release time or leave? If yes, Please explain. what is the duration of leave and source of funding? (Please consult with the Dean of the Faculty). Yes No 6. Will the project involve human participants? FMI please refer to http://www.scrippscollege.edu/academics/irb Yes No 7. IRB (if applicable) **IRB Approval Date:** IRB Assigned No. IRB Approved

Approval Pending (if funded, the PI will contact IRB in advance of starting

the project)

| my knowledge. I agree to comply with the funding agency's award te  | erms and conditions if an award is made. |
|---|--|
| Project Director/Principal Investigator   | Date                                     |
|   |  |
| Co-Investigator Signature, if applicable  | Date                                     |
| Department Approval:  |  |
| The attached proposal or LOI is within the total program and academic obj for the conducting of this project. The professional time allocations describ |  |
| Department Chair (if applicable)  | Date                                     |
|   |  |
| Institutional Approvals: This proposal or LOI has been reviewed and approved; it is consistent with   | the overall objectives of the college.   |
| Associate Dean of the Faculty   | Date                                     |
|   |  |
| Scripps Dean of the Faculty   | Date                                     |
|   |  |
| Keck Science Dean (if applicable)   | Date                                     |
|   |  |
| We authorize the applicant to enter into contracted obligations on behalf of  | Scripps College.                         |
| Vice President for Business Affairs/Treasurer   | Date                                     |
|   |  |

I hereby certify that the statements made in the attached proposal or LOI and on this form are true and complete to the best of

For more information on external grant seeking, please contact fcgr@scrippscollege.edu

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