



University of Minnesota Crookston

Donna Larson
108 Selvig Hall
Crookston, MN 56716
218-281-8328
dslarson@umn.edu

GRANT PREAPPROVAL FORM - due to Academic Affairs 3 weeks prior to final proposal submission

Principal Investigator		Co-Investigator	Co-Investigator
Name:			
Email:			
Phone:			
Department:			
Intellectual Credit:			

* PROPOSAL DEADLINE: _____ Today's Date: _____

Project Start Date: _____ Project End Date: _____

Title of Project: _____

Funding Agency: _____

F & A Rate: _____

Requested from Funding Agency:

Requested from University:

Budget	Direct Costs	Indirect Costs	Total	Budget	Direct Costs	Indirect Costs	Total
Year 1				Year 1			
Year 2				Year 2			
Year 3				Year 3			
Year 4				Year 4			
Year 5				Year 5			

Description of Cost Share

Source of Cost Share

Animal Subjects

Human Subjects

Sponsor Type:

Federal

State

Private/Other

Funding Instrument:

Grant

Contract

Other

Project Type:

Research

Instruction

Other

Sponsored Activity

Principal Investigator

Date

**Associate Vice Chancellor(s)/Division(s) or Unit Head

Date

Donna Larson, Campus Grants Administrator

Date

Rosemary Johnsen, Senior Vice Chancellor for Academic Affairs

Date

*All proposals must be submitted to Donna Larson for review seven (7) business days before funding agencies due date in order to submit to the UMN SPA office who requires three (3) business days.

**When resources are to be utilized from more than one department/division, this Pre-Approval Form must be approved and signed by all Associate Vice Chancellors involved. This assists with the transmission of information and assures all parties involved have approved the proposed activities.

Submit this form with the required attachments:

Please attach the following: 1) Draft Project Description 2) Full budget 3) Budget Justification 4) Other (optional)