

**Funding Inquiry FORM** 

601 E. Main Street • Collegeville, Pa. 19426

ursinus.edu

Completion of this form indicates official sanction of the outgoing proposal. Please obtain signatures and submit signed form to the Advancement Office five business days prior to the due date.

Submission Deadline:	Submitted by: Institution ☐ or Investigator ☐
FUNDING INQUIRY FORM DATA	
Faculty/Principal Investigator:	
Project Title:	
Department:	
Foundation, Agency, Program Name:	
COST SHARING: (note: any cost sharing must inc	lude the appropriate sign-off below)
College to supply <u>required</u> cost-sharing.	
College to supply <u>voluntary</u> cost-sharing.	
☐ This proposal includes a request for academic	year release time. (Attach justification, see instructions)
PROP	OSAL ROUTING:
Electronic si	gnatures are acceptable.
Ursinus Faculty / PI:	
Ursinus Co-Investigator(s):	
review of the proposal is the responsibility of the the signers are familiar with the proposal, and except the signers are familiar with the proposal.	officials whose signatures appear below. The principal academic Department Chair and College Dean. These signatures indicate that cept as noted and initialed in the remarks section, are satisfied with sal as they relate to their respective areas (e.g. space, personnel,
Department Chair of PI's department:	
Narrative for Support:	