

2018 Seed Grant Proposal Submission Sponsored Projects Form

This form is required to be completed and submitted with any seed grant application. Once completed, please upload this form into your Seed Grant Application to the CSU Institute for Palliative Care.

To be completed by applicant:

Date:

Applicant Name and Credentials:

Department or unit:

Campus/Organization Name:

Telephone:

Email address:

A brief description of the proposed project (not to exceed 100 words):

Estimated project timeline with beginning and end dates (not to exceed 50 words):

Seed grant amount requested:

To facilitate fund disbursement it is expected that the applicant's academic institution will serve as the fiscal agent. This seed grant does not pay institutional overhead costs or indirect costs.

To be completed by the applicant's campus Sponsored Projects grants and contracts administrator:

Complete legal entity name:

Agency tax identification number:

Authorized Signatory name: (This name will appear on the grant agreement and official communications as your agency's designee)

Authorized Signatory title:

Authorized Signatory mailing address:

Authorized Signatory email:

Authorized Signatory phone number:

Authorized signature:

Date:

Insert a signature image or print, sign, and scan as a PDF to upload in Application website.

Application website is [HERE](#)

Should you have questions, contact Maria Brown at 760-750-7289.