

UNIVERSITY OF MAINE AT FORT KENT GRANTS APPLICATION APPROVAL FORM

GRANT INFORMATION

PROJECT TITLE:	
LOCATION:	SEND APPLICATION TO:
START DATE:	TERMINATION DATE:
FUNDS REQUESTED:	PREVIOUS FUNDING:
SALARY IMPLICATIONS IF ANY:	
MATCHING FUNDS:	APPLICATION DEADLINE:

APPROVAL SIGNATURES

PRINCIPAL INVESTIGATOR:	DATE:
DIVISION CHAIR:	DATE:
EXECUTIVE DIRECTOR OF HUMAN RESOURCES:	DATE:
VICE PRESIDENT FOR ADMINISTRATION:	DATE:
VICE PRESIDENT FOR ACADEMIC AFFAIRS:	DATE:
PRESIDENT:	DATE:

NOTE: Grant must be submitted to the VPAA Office three weeks prior to submission .

DATE SENT BY VPAAOFFICE: _____

DISTRIBUTION COPY: Principle Investigator
 Division Chair
 Executive Director of Human Resources
 Vice President for Administration
 Vice President for Academic Affairs
 President

PB 02-04-08