Prospect Clearance Form

Name and Department:

Title of Proposal or Project:

Proposal or Project Due Date: ___________________________

Type of Proposal or Project:

Research/Project Grant______  Sponsorship_______  Other_______

Brief Description of Project/Program:

Names and Location (City and State) of Individuals, Foundations or Corporations (if known) You Plan to Solicit (attach list if more room is needed):

Revised 11/08/07
Total Project Goal: $____________________
Amount Requested in this Grant: $____________________
Other Funding Source(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requestor

________________________________________________________________________
Name __________________________ Date ____________

Approval of Department Chair or Senior Officer:

________________________________________________________________________
Name __________________________ Date ____________

Approval of Dean or Vice President:

________________________________________________________________________
Name __________________________ Date ____________

Please return your completed form to:

Office of Advancement
Catron Alumni House
615.547.1269
615.443.1806 (Fax)
advancement@cumberland.edu