

**OFFICE OF RESEARCH
RESEARCH FINANCIAL SERVICES DEPARTMENT
GRANT FUND REQUEST FORM**

Grant Title

Grant Funding Agency Name

Grant Start Date

Grant End Date

Sponsor ID#

Grant Award Amount

Cost Share Amount

Pass-Through From Agency Name *(If pass-through)*

Cost Share Source *(Fund No. if applicable)*

Catalog of Federal Domestic Assistance No. (CFDA#)
(If federal funding source)

Facilities & Administrative Cost Rate (%)
(Indirect Cost Rate)

SUBCONTRACTS

(Please attach a separate sheet if more than four subcontracts.)

Name	Subcontract Period	Subcontract Amount

FUNDING SOURCE:

Federal

State

Local

Private

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

Printed Name

Department

Signature

Date

Detail Budget: (Please attach Detail Budget with detailed calculations for indirect costs, signed and dated by PI/PD)

Email the completed form along with the Detail Budget to the Research Financial Services Dept., lewis_dw@tsu.edu

For Research Financial Services Use Only

Fund No. Assigned _____ Organization No. _____ Program No. _____

Grant Accountant _____ Date Emailed to P.I. _____