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## **CSPD Foundation**

### **Grant Application**

*Program  
Enrichment  
Grant*

*Research  
Grant*

*Presentation  
Grant*

University or Hospital

Program or Department

Program Chair / Director

Program Applicant

Email Contact

Phone Contact

Mailing Address

Amount Requested

Describe the Specific Intended Use (*How will these funds be used to benefit the program?*):

Describe other potential funding sources which may be used to supplement this grant?  
(e.g., matching or other funding streams.)

How will this position be sustained over time (assuming that it is not renewable) ?

Please fill out an itemized budget, as well as any university or hospital-imposed administrative costs or overhead charges.

Department Chair's Acknowledgement

Signature: \_\_\_\_\_

Date:

Dean or Chief Administrative Officer's Acknowledgement

Signature: \_\_\_\_\_

Title:

Date:

Form Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Action: \_\_\_\_\_

**CSPD FOUNDATION GRANT REQUEST: BUDGET**

**STAFFING** (List by position; include salary and personnel costs):

<u>Position</u>	<u>Hours/Salary /Benefits</u>	<u>TOTAL \$ Cost</u>	<u>Amount of CSPDF Funding Requested</u>
		\$	\$
		\$	\$

**EQUIPMENT/SUPPLIES** (List and Explain, Attach Additional Documentation as Required)

<u>Item</u>	<u>Unit/Item Cost</u>	<u>Total \$ Cost</u>	<u>Amount Requested From CSPDF</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**OTHER COSTS** (List and Explain, Attach Additional Documentation as Required): **AMOUNT  
TOTAL REQUESTED**

Administrative Fees	\$	\$
Travel	\$	\$
Lodging	\$	\$
Food	\$	\$
Miscellaneous Costs	\$	\$

**TOTAL PROJECT BUDGET:**

**TOTAL AMOUNT REQUESTED FROM CSPDF**

\$	\$
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**OTHER FUNDING FOR THIS PROJECT** (List amount and source of funding pending or expected to be received from other sources):

<u>Type (grants, contracts, etc.)</u>	<u>Source</u>	<u>Status</u>	<u>Amount</u>
			\$
			\$
			\$