

PRELIMINARY GRANT PLANNING INSTRUMENT

SUMMARY INFORMATION

Title of Grant: _____

Due Date for Submission: _____

Proposed PI: _____ Proposed CoPI: _____

Funding Entity: _____

Funding Entity Type: ___ Federal ___ State ___ Local ___ Private Foundation
 ___ Corporate Foundation ___ Other (name): _____

Purpose of the grant and proposed benefits to LSU Eunice:

Impact anticipated at local, regional, or state level:

FUNDING SPECIFICS

Total proposed grant amount (exclude matching funds and in-kind): _____

Multiple year grant? ___ Yes ___ No Begin date: _____ End date: _____

Are matching funds required? ___ Yes ___ No Specific percentage match required? _____

If required match, name source(s)/amounts _____

Name in-kind match and value: _____

Indirect rate: _____

Total grant (include direct request, matching funds, in-kind, and indirect): _____

POTENTIAL IMPACT (STUDENTS/STAFF/SPACE)

How many additional students are anticipated? ___ Full-time ___ Part-time

Will budget include payments/financial assistance to students? ___ Yes ___ No

How many new staff will be required? _____ Existing staff to be reallocated? _____

New position(s): _____

Where will the project be located? _____

What space will be required? ___ Offices ___ Classrooms ___ Lab ___ Other