

MATCHING FUNDS REQUEST FORM

To be submitted in the early stages of proposal preparation (at least one month before the due date)

In order to ensure the College is able to make an informed and fair decision in allocating College resources to faculty grant proposals, please fill out this form (Rachna can help you). Please answer the questions completely and concisely (attach one additional page if necessary). Please submit completed form to Rachna Sinnott (sinnotrs@whitman.edu), who will obtain signatures and submit the form to the Provost on your behalf.

The Provost, in consultation with the Committee of Division Chairs, will make a final decision.

PI Name:	PI Department:	
Does your grant proposal include a request for (chec	ck all that apply):	
Matching funds?	Amount:	\$
Equipment?	Cost:	\$
Equipment maintenance?	Yearly Cost:	\$
Renovations?	Cost:	\$
Course reduction?	# Courses:	
Sabbatical extension/Leave of absence?	# Semesters:	
1) What is your specific request? What research/scholarship will this grant enable?		
2) How will this grant advance your career at Whitman?		
3) How will this grant advance the academic mission of the College?		
4) (For Matching Funds Request) Please attach a budget indicating how the matching funds will be used. Also indicate if other sources of matching funds are available.		
Signature, PI		Date
APPROVAL BY PROVOST		Date