



# MarymountManhattan

OFFICE OF ACADEMIC AFFAIRS

## EXTERNAL FUNDING APPLICATION

### GENERAL INFORMATION

Principal Investigator/Project Director:			
Co-Investigator(s) (if applicable):			
Agency Name:			
Agency Type:			
Program Title:			
Contact Name:			
Address of Agency:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

### RECORD INFORMATION

Deadline: <a href="#">Click here to enter a date.</a>	
Received by Deadline:	Postmarked by Deadline:

### APPROVALS

Signature indicates agreement to provide institutional commitments of time and financial resources as outlined in the attached project budget.

Department Chair	Name:	
	Signature:	Date: <a href="#">Click here to enter a date.</a>
Division Chair	Name:	
	Signature:	Date: <a href="#">Click here to enter a date.</a>

### FINAL APPROVAL

To be completed after review.	
Vice President for Academic Affairs and Dean of the Faculty	Name:
Signature:	Date: <a href="#">Click here to enter a date.</a>