	Office Use Only
Exceptional Merit Grants Program for Faculty and S 1. Grant Application Cover Sheet Contact Information for the Primary Person submit	
Name and Title:	
Department:	
Address:	
City/State/ZIP:	
Phone Number:	Email:
Project Name:	
Purpose of the Grant	
Amount Requested:	Total Project Cost:
Dates of the Project:	
Project Completion Date:	
responsibility to follow up to ensure the proper Foundation Office.	
Dean:	Department Head/Chair:
Signature, Dean	Signature, Department Head/Chair
STAFF - Vice President and Supervisor support: The consistent with the needs and direction of the department of your Vice President and Supervisor.	artment and unit.
Vice President:	Supervisor:
Signature, Vice President	Signature, Supervisor

e include a brief description of the project being proposed and the desired outcomes (maximum 1 page). When completin tive portion, please be brief and concise.						

nge).).					

bjectives:

7. Budget - Detail how grant funds will be used. The budget should also describe the extent to which any additional resources beyond the Foundation's grant are needed and have been committed to the project. If requesting equipment, assess distribution/disposal upon completion of project. Please list items under the expense categories. **Food and beverage expenses will not be funded by the Foundation. It is not the intent of the grant to fund/provide direct compensation for faculty/staff. Student salaries are considered on a case by case basis** A. Project Income: Ferris Foundation: Department/College: In-Kind (please specify): Other Sources (please specify): Total **Project Expenses: Ferris Foundation** Department/College **Other Sources** In-Kind Subtotal Salaries/Personnel Costs Supplies and Materials Equipment **Travel & Transportation** Other **TOTAL**

В.

Budget Narrative