



# WHITMAN COLLEGE

## PROPOSAL DEVELOPMENT FORM

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

This form serves as a **checklist** to make sure you complete the procedures necessary to submit a grant proposal from Whitman College. It ensures that the appropriate campus officials are aware of your proposal and have provided institutional approval, if necessary. It also alerts the Offices of Grants & Foundation Relations and Sponsored Programs of your intent to seek external funding.

Please contact Rachna Sinnott (x5990; [sinnotr@whitman.edu](mailto:sinnotr@whitman.edu)) and/or Tana Park (x5926; [parkta@whitman.edu](mailto:parkta@whitman.edu)), who can help you with your proposal and obtain the signatures for you. Also, visit our website at <https://www.whitman.edu/giving/grants-and-foundation-relations> for important grant information.

PI Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_

Title (or brief description) of project or proposal:  
\_\_\_\_\_

Funding agency/foundation to which you are applying: \_\_\_\_\_

Due date for proposal submission: \_\_\_\_\_ Approx. amount of request: \_\_\_\_\_

How many years of funding are you seeking? \_\_\_\_\_ Expected start date: \_\_\_\_\_

Are matching funds required? ( ) YES ( ) NO

*If yes, please fill out the Matching Funds Request Form and submit to the Provost before proceeding  
Amount, if known (percent or dollars): \_\_\_\_\_*

Does this proposal involve creation of new positions? YES ( ) NO ( )

Does this proposal involve purchase of new equipment (including computers) or renovations? YES ( ) NO ( )

Does this proposal involve extending sabbatical leave, release time, or course reductions? YES ( ) NO ( )

*If yes, please fill out the Matching Funds Request Form and submit to the Provost before proceeding*

Are animals, human subjects, or biohazards involved? YES ( ) NO ( )

*If yes, please contact appropriate committee for approval (see website for contact information)*

Signature, PI \_\_\_\_\_ Date \_\_\_\_\_

Signature, Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature, Division Chair \_\_\_\_\_ Date \_\_\_\_\_

Signature, Associate Dean of Faculty \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed form to Rachna Sinnott, Development ([sinnotr@whitman.edu](mailto:sinnotr@whitman.edu))**