

**MARSHALL UNIVERSITY
EXTERNAL FUNDING REQUEST REVIEW FORM**

This form is to be typed for administrative review concerning: appropriateness of the project, amount and type of resources that may be committed to it, and an indication of any areas that may need to be addressed prior to submittal of a final proposal.

PROPOSED ACTIVITY

TARGETED AUDIENCE

Relationship of Proposal to Mission/Purpose

Contact Person

Name:
Address:
Phone:

Time Frame

Resources Needed One Time Need Annual Activity
Personal Services
Equipment
Supplies
Facilities/Space
Other

Total Fund Raising Goal

Other Funding Sources and Amounts

Name:	Signature:
_____	_____
Project Director	Project Director Date
_____	_____
Department/Division Chair	Department/Division Chair Date
_____	_____
Dean/Director	Dean/Director Date
_____	_____
Provost & Senior VP/Academic Affairs	Provost & Senior VP/Academic Affairs Date
_____	_____
Ex. Dir., MU Foundation & Sr. VP/Development	Ex. Dir., MU Foundation & Sr. VP/Development Date