

**CONNECTICUT COLLEGE
OFFICE OF CORPORATE, FOUNDATION
AND GOVERNMENT RELATIONS**

FUNDING RESEARCH ASSISTANCE FORM

Name of Investigator(s) _____ **Department** _____

Phone _____ **Email** _____ **Date** _____

Project Title _____

Proposed funding amount \$ _____ **Sabbatical Leave: Yes** ___ **No** ___

Possible funding prospects: _____

Project Summary and Budget: Please summarize your project below and check off budget items that apply:

Salary/Personnel _____ Equipment _____
Travel _____ Conferences _____ Research _____ Collaboration _____

Other: _____

Department Chair _____ **Date** _____