



**PARTNER PROPOSAL REQUEST FORM**

*This form should be completed if you are collaborating on a proposal with a partner(s) (i.e. another college or organization and Columbia State is not the submitting organization).*

Review Request Date:                      Application Due Date:                      Award Date:

Columbia State Faculty/Staff:

Department:    Email:    Ext:

Project Title:

Funding Source:

URL for more info:

Submitting Organization:

Other Partners:

Approximate Project Value:    Amount Columbia State receives:

Project Summary: (use back if needed)

Columbia State commitment required: (be specific, use back if needed)

<b>Required Review</b>	<b>Signature</b>	<b>Date</b>	<b>Yes</b>	<b>No</b>
Project Director				
Division Dean / Supervisor				
Grants Director				
AVP, Business Services				
Vice President for proposal area				
Vice President for Advancement				
President				