



GRANTS AND SPONSORED PROGRAMS

Notice of Contract Negotiation

Date _____

Primary Contact _____

College/Admin. Unit _____

Name of Funding Source _____

Title/Concept _____

Purpose _____

<u>Personnel/Position</u>	<u>% FTE Encumbered</u>
_____	_____
_____	_____
_____	_____
_____	_____

Budget Amount _____ IDC Total _____

Period of Performance: Begin _____ End _____

Approval Signatures:

Appropriate Unit Head/Director _____

Appropriate Dean _____

Grants Accountant _____

GSP Directors _____

Chancellor _____

Please return the contract to the Grants and Sponsored Programs office upon acceptance.