

INITIAL GRANT PROPOSAL INFORMATION

Type of Grant	Funding for	VP Area Impacted	Program Areas Impacted
<input type="checkbox"/> Private	<input type="checkbox"/> Services	<input type="checkbox"/> Instruction	_____
<input type="checkbox"/> State	<input type="checkbox"/> Equipment	<input type="checkbox"/> Student Services	_____
<input type="checkbox"/> Federal	<input type="checkbox"/> Construction	<input type="checkbox"/> Administrative Services	_____

Funding Agency Name:

Funding Agency's RFP Title:

Due date of grant application to funding agency:

Grant Writers:

- Campus resource Off campus resource

Proposed on campus facilitator of grant development process:

Project Title:

Number of years of eligible funding:

Project beginning date:

Project ending date:

Grant amount to be requested from funding agency per year: _____ in total:

Matching requirements:

- Cash – amount/percentage: district categorical both can be used
 In-kind – amount/percentage: district categorical both can be used

TOTAL budget amount:

Flexibility in budget:

- Can funds be carried over from one year to another? yes no
 Can line item changes be made without approval from granting agency? yes no

College goal addressed by the project:

Need project will address:

Is data to establish need available? yes no _____
Institutional Researcher

Project description or idea:

Grant will interface with _____ . Explain how:
existing program

Employee(s) named in grant proposal:

- Will eventually work for the grant
- Only listed in the grant to strengthen it in the eyes of the readers

Employee designated as project director:

- Will eventually serve as actual director
- Only listed in the grant to strengthen it in the eyes of the readers

Questions to be considered:

1. Salaries and related costs:

Are additional full-time personnel required for this project? yes no

List:

Are additional part-time personnel required for this project? yes no

List:

Is there a requirement to continue with the new personnel upon completion of the grant period? yes no If so, under what conditions?

2. What space will be required in order to perform the proposed statement of work?

List:

3. Will alterations of buildings or facilities be necessary? yes no

List:

4. Will additional office equipment or furniture be needed? yes no

List:

5. Will the project require budgeted matching support at any time during the project period?

yes no

Type of Match: General Fund Any Funds In Kind

6. Are there any other costs? yes no

List:

7. Can "Indirect Costs" be charged to the project? yes no If yes, what is the percentage?

8. Are there any other commitments either direct or implied (i.e., waivers, pre-award expense, post-award continuation expense, etc.) that have not been identified? yes no

List:

9. If no director will be hired, how will the grant be coordinated?

Explain:

10. Type of Required Reporting

Fiscal Progress Grant Outcomes

11. Level of required documentation and reporting:

High Medium Low

12. Cost effectiveness: Does the amount justify the time and expense to write, implement, document and report to the granting agency. yes no

Explain:

13. Are there other options for addressing the identified need? yes no

List:

Submitted by _____ Phone _____