 Rev. 5/19/16

# Grant Proposal Form

### PART I

**Grant Seeker Contact Information: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name:** |  |
| **Title:** |  |
| **E-mail:** |  |
| **Telephone:** |  |
| **Division Chair / Supervisor:** |  |
| **Division / Unit:** |  |

**Grant Information:**

**Proposal Type:**  New  Renewal

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| --- | --- |
| **Grant or RFP Title:** |  |
| **Granting Agency:** |  |
| **Contact:** |  |

**Agency Type:** Federal  State  Local  Foundation  Other

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| --- | --- |
| **Due Date of Proposal:** |  |
| **Grant Period:** |  |
| **Amount of Funding Requested:** |  |

**Project Description**

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**PART II**

***(Please answer the questions in Part II regarding your application. If your answer to all seven questions is “NO”, then Part III does not need to be completed. If you answer “YES” to any one of the seven questions in Part II, you must provide adequate explanation for each AND complete Part III).***

**1. Is Match or Cost Share required for this grant?**  Yes  No

**2. Can our federal Indirect Cost Rate be applied to this grant?**  Yes  No

**3. Will the institution be required to sustain the project beyond the grant period?**  Yes  No

**4. If “YES” to #3, has a business plan been developed to ensure stability of the program?**

Yes  No

**5. Does the grant request include funding to compensate new personnel?**  Yes  No

(NOTE: If “Yes”, this form must be routed to the Director of Human Resources for review and approval)

**6. If “YES” to #5, does the personnel expense budget include fringe benefits costs?**  Yes  No

**7. Does the grant request include funding to compensate existing staff?**  Yes  No

(NOTE: If “Yes”, this form must be routed to the Director of Human Resources for review and approval)

**FOR THOSE MARKED “YES” IN PART II ABOVE, PLEASE DESCRIBE EACH BELOW:**

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PART III

**PLEASE ANSWER THE FOLLOWING QUESTIONS USING THE BEST INFORMATION AVAILABLE:**

**How does the grant meet the mission and needs of the institution?**

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**How will the project be implemented? (Include project activities with a timeline)**

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**Who will be involved in the project?**

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**How will the grant funds be used for the project?**

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**Project Approval:**

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| **ADMINISTRATOR** | **SIGNATURE** | **DATE** |
| **Division Chair / Supervisor** |  |  |
| **Director of Human Resources**  **(*If grant involves funding new or existing personnel)*** |  |  |
| **Senior VP Academic Affairs OR**  **VP Student Services** |  |  |
| **VP of Finance & Administration** |  |  |
| **VP of Institutional Advancement** |  |  |

**\*\* For questions regarding this form, please contact the Grants Administrator.**

Revised 05/19/16