

GRANT PROPOSAL SUBMISSION FORM

Project Manager Name: _____

Project Manager Department: _____

CCD Email Address: _____

CCD Phone Number: _____

Title of Proposal: _____

Due Date of Proposal: _____

Brief summary of proposal's goals/objectives: _____

How does this proposal align with the College's mission and strategic plan?

Data needed for application/proposal: the Care Team has needed data_____

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Expected Start Date: _____

Expected End Date: _____

Total Funding Request: _____

Does the grant allow indirect costs?

☐

Yes

☐

No

☐

Unknown

Does the grant require the College provide a monetary or in-kind contribution?

☐

Yes

☐

No

If yes, please describe: _____

Does the grant require the College to sign a contract?

☐

Yes

☐

No

If yes, provide an advanced copy to the CFO for review and approval.

Will this proposal be written internally or by an outside service?

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If this proposal is funded, it would require that CCD:

☐ Provide student scholarships (Amount): _____

☐ Hire new staff (Number): _____

☐ Reallocate existing personnel and/or expenses (Describe): _____

☐ Capital construction (Describe): _____

☐ Furniture Needs (Describe): _____

☐ Office Space (Describe): _____

☐ Purchase IT/equipment (Describe): _____

☐ Pay a consultant (Amount): _____

☐ Financially sustain any portion of project once funding has expired

(Describe): _____

☐ Implement a fundraising plan (Describe): _____

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☐ Provide data tracking/reporting from IR&P (Describe):
retention/completion rates of students who receive mental health services____

☐ Other (Describe in Detail) _____

Employees of the college are not authorized to sign proposal or grant award documents without properly delegated authorization; this is a presidential responsibility. Employees will be held personally liable for signing documents without proper authorization.

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Director, Grant Manager (Signature): _____

Date: _____

Project Manager's Vice President (Signature): _____

Date: _____

CFO (Signature): _____

Date: _____

President (Signature): _____

Date: _____

Has the budget been reviewed by the Controller?

☐ Yes

☐ No

Controller's Initial: _____