

## 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 \_\_\_\_\_

---

---

---

---

## GRANT PROPOSAL SUBMISSION FORM

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?

\_\_\_\_\_

## GRANT PROPOSAL SUBMISSION FORM

**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): \_\_\_\_\_

Resource Development  
Cherry Creek – Room 301  
Campus Box 250  
P.O. Box 173363  
Denver, CO 80217  
Fax: 303-556-4602  
Phone: 303-352-6910  
Email: marsha.mattingly@ccd.edu



## GRANT PROPOSAL SUBMISSION FORM

---

---

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.

Resource Development  
Cherry Creek – Room 301 Campus  
Box 250  
P.O. Box 173363  
Denver, CO 80217  
Fax: 303-556-4602  
Phone: 303-352-6910  
Email: marsha.mattingly@ccd.edu



## GRANT PROPOSAL SUBMISSION FORM

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: \_\_\_\_\_