

REQUEST FOR AUTHORIZATION TO APPLY FOR A GRANT

1. GENERAL INFORMATION:

Project Title: _____

Project Director: _____

Project Administrator: _____

Grantor Agency _____

Grantor Agency Deadline for Proposal: _____

Funding Period: _____

PROJECT DESCRIPTION/PLAN:

Estimated grant amount: \$_____ Estimated match amount: \$_____

Match required: Yes _____ No _____ %

In-kind/Cash match requirement: _____

Comments about match: _____

3. ANTICIPATED PROJECT PERSONNEL:

Position Needed	FTE	Hourly	Existing/New	Funded/ In-Kind	Institu- tionalized

4. **FACILITIES REQUIREMENTS:**

5. **IMPLICATIONS FOR THE COLLEGE/DISTRICT:**

* **How does this project relate to the goals and objectives of the college?**

* **Will this project impact other departments/units? YES _____ No _____**
If yes, explain how you plan to include them in the planning process.

* **Is Academic Senate approval required? YES _____ No _____**

* **How will project facilities requirements, if any, be met?**

* **When funding ends, what will happen to this project?**

6. **APPROVALS:** (Obtain signatures in the order below)

Project Initiator	Date:
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Project Administrator	Date:
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Vice President	Date:
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