**Request for Authorization to Apply for a Grant**

**College Council**

**Santa Ana College**

1. **GENERAL INFORMATION:**

Project Title:

Project Initiator:

Project Administrator:

Project Coordinator:

Grantor Agency:

Grantor Agency Deadline for Proposal:

Funding Period:

1. **PROJECT DESCRIPTION/PLAN:**

**Estimated grant amount**:

**Match required**: Yes ❒ No ❒

**Estimated match amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In-kind/Cash match requirement**: Yes ❒ No

 **Where will funds for match originate?**

 **Comments about match:**

1. **WHAT ARE THE PROJECTED FACILITIES REQUIREMENTS, IF ANY, AND HOW WILL THEY BE MET?**

**4.** **ANTICIPATED PROJECT PERSONNEL:**

 **Position Needed FTE Hourly Existing/New Funded Match Stipend or**

 **In-Kind Release Time**

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**Is the Project Coordinator involved in any other grants (i.e. manager/coordinator or participant). If so, what amount of release time does she/he receive for the other grant participation?**

1. **CURRICULUM (PROGRAM/COURSE)IMPACT:**
2. **IMPLICATIONS FOR THE COLLEGE/DISTRICT:**
* **Where is the need for this project identified in the related program’s EMP/DPP/Program Review?**
* **Will this project impact other departments/units? Yes**  ❒ **No** ❒
* **If yes, identify which department/unit and explain how you plan to include them in the planning process.**
* **Please list each department, the chair(s) to whom you spoke and whether or not the faculty in the department are willing to participate in the proposed project.**
	+ **Department** \_ \_\_\_\_\_**Chair(s)\_** **\_\_\_\_\_ Willing to Participate Yes**  ❒ **No** ❒
	+ **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Willing to Participate Yes** ❒ **No** ❒
	+ **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Willing to Participate Yes** ❒ **No** ❒
	+ **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Willing to Participate Yes** ❒ **No** ❒
* **How will project facilities requirements, if any, be met?**
* **What are the evaluation & research requirements of this grant and how will they be addressed?**
1. **LONG TERM IMPLICATIONS FOR THE COLLEGE/DISTRICT:**
* **When funding ends, will this project be institutionalized? Yes** ❒ **No** ❒
* **If so, what is the estimated cost to fund this project?**
* **If not, what will happen to this project and the personnel involved with it?**
1. **HAVE THE FOLLOWING BEEN ADVISED OF THIS PROPOSAL?**

❒ Academic Senate President ❒ Curriculum Committee Chair ❒ Department Chair(s) of

 Department Impacted

❒ RSCCD Research & Grants office by Project

1. **Operational Signatures: *(Obtain signatures in the order below)***

Project Initiator: Date

Project Administrator: Date

 \_\_\_\_\_\_

Director of Research: Date

Vice President: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Recommendations:**

College Council Recommendation: Yes ❒ No ❒ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Senate President Recommendation: Yes ❒ No ❒

Academic Senate President: Date

1. **Final Approval:**

 College President Date