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: _____

2. **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: _____

3. **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 In-Kind	Stipend or Release Time

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?

5. **CURRICULUM (PROGRAM/COURSE)IMPACT:**

6. **IMPLICATIONS FOR THE COLLEGE/DISTRICT:**
   ▪ How does this project relate to the goals and objectives of the college?
   ▪ How does this project relate to the goals and objectives of the program to which the grant relates?
   ▪ 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.
      o Department _____ Chair(s)_____ Willing to Participate Yes ❒ No ❒
      o Department _____ Chair(s)_____ Willing to Participate Yes ❒ No ❒
      o Department _____ Chair(s)_____ Willing to Participate Yes ❒ No ❒
      o Department _____ Chair(s)_____ Willing to Participate Yes ❒ No ❒
   ▪ How will project facilities requirements, if any, be met?

7. **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?

8. **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

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

   _____
   Project Initiator: Date

   _____
   Project Administrator: Date

   _____
   Vice President: Date

10. **Recommendations:**

    College Council Recommendation: Yes ❒   No ❒   Date: _____
    Academic Senate President Recommendation: Yes ❒   No ❒

    _____
    Academic Senate President: Date

11. **Final Approval:**

    _____
    College President   Date