

**Request for Authorization to Apply for a Grant
College Council
Santiago Canyon 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? AS A REMINDER, IF THE GRANT CALLS FOR FACILITY REQUIREMENTS AND SHOULD THIS GRANT REQUEST BE APPROVED, YOU SHOULD FORWARD A FACILITY NEED FORM TO THE FACILITIES COMMITTEE.

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 mission of the college?
- 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/unit's DPP/Program Review?
- Will this project impact other departments/programs/units? Yes No
- If yes, identify which department/program/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?

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? (NOTE: Any personnel hired in accordance with the grant will have bumping rights [per contractual obligation] upon the conclusion of the grant. In addition, if any tenured or non-tenured track faculty are to be hired in accordance with the grant, the proposal should also be presented to the Academic Senate for Santiago Canyon College.)

8. HAVE THE FOLLOWING BEEN ADVISED OF THIS PROPOSAL?

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic Senate President | <input type="checkbox"/> CIC Chair | <input type="checkbox"/> Department Chair(s) of Department Impacted by Project |
| <input type="checkbox"/> EMP Committee Co-chairs | <input type="checkbox"/> RSCCD Research & Grants office | |
| <input type="checkbox"/> PIE Committee Co-chairs | | |

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

Project Initiator: Date

Project Administrator: Date

Vice President: _____ Date _____

10. Recommendations:

Planning & Institutional Effectiveness Committee Recommendation: Yes No

Date: _____

College Council Recommendation: Yes No Date: _____

Academic Senate President Recommendation: Yes No

Academic Senate President: _____ Date _____

11. Final Approval:

College President: _____ Date _____