

# Grant Proposal Form

Submission Deadline:

Grant Information		Post Link to RFP		
Grant Title:		Identifying Number: _____ :		
Funding Agency:		How many grants offered:		
Division:		Match Required: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, match required:		
Length of Grant:	Begin:	End:	Continuing Costs Required after end of grant:	
Funding Levels: Year 1		Year 2	Year 3	Year 4 Year 5
Needs Assessment				
<input type="checkbox"/> Satisfies a Community Need.		<input type="checkbox"/> Generates FTES If so, how many?		
<input type="checkbox"/> Satisfies a College Need				
Grant Requirements				
What are the specific requirements of grant? (what duties or functions will the college be required to perform?)				
<input type="checkbox"/> Curriculum Development Required		<input type="checkbox"/> Instructional Materials Required		
<input type="checkbox"/> Camps		<input type="checkbox"/> Mentoring		
Collaboration Required: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, which agencies				
Staffing Requirements				
<input type="checkbox"/> Program/Project Director.		<input type="checkbox"/> Existing Personnel		<input type="checkbox"/> New Hire
Credentials or required background of Director Costs required / allowed for salary / stipend Length of service				
<input type="checkbox"/> Clerical/Admin /Support		<input type="checkbox"/> Existing Personnel		<input type="checkbox"/> New Hire
Budget and Financial Reporting Requirements				
Allowable Costs: _____ % of Indirect Costs <input type="checkbox"/> Salaries <input type="checkbox"/> Stipends <input type="checkbox"/> Admin Overhead <input type="checkbox"/> Technical Assistance		<input type="checkbox"/> Supplies <input type="checkbox"/> Office Space <input type="checkbox"/> Telephone		
Reporting Requirements				
Financial Reporting <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		Invoicing Reporting <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		Draw Downs Required: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Evaluation Reporting <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			For assistance in completing this form contact:  Michael Carley, Chair, Grant Oversight Committee 559-791-2275 or <a href="mailto:mcarley@portervillecollege.edu">mcarley@portervillecollege.edu</a>	
Area Administrator Signature:		Area V.P. Signature:		Chair, Grant Oversight Signature: