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| **Grant Proposal** | | |
| **Project Name (Title)** |  | |
| **Description of Concept** |  | |
| **Project Director name and title** |  | |
| **Contact Information** | email:  phone: | |
| **Funding Agency** | CCCCO Federal Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Foundation \_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Submission Deadline** | Click here to enter a date. | |
| **Collaborative Project** | If Yes. Name collaborators | |
| **College Resources Affected** | Technology\* needed Send copy to IT Click here to enter a date.  IT Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personnel\*\* Send copy to HR Click here to enter a date.  HR Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date sent to PC Grants Committee** | Click here to enter a date.  Committee Actions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Date sent to PC College Council** | Click here to enter a date.  Council Actions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Which of the college’s strategic plans does the project fall under?** |  | |
| **Budget Data** | | | |
| **Estimated cost and duration of project** | | $  months/ years | |
| **Indirect costs** (the funder will list administrative/indirect costs). | | Not permitted,  Permitted, rate (if limited):     % | |
| **Matching funds requirement** | | Not required  ­­­­Required, estimated %, | |
| **Source of matching funds** | |  | |

**Project Summary**

Goal (This should be a big picture statement of what you hope to ultimately accomplish through your project):

Population served (e.g., specific set of students, veterans, professional development, etc.):

Need (Why is this project important right now? How do you know? Provide data that supports the need):

Objectives (Your objectives should be specific, measurable, attainable, related to goal, and time-sensitive. E.g. “the project will increase student completion by 10% by the end of year three”).

Project activities:

Evaluation activities (How can you know whether your project is “successful” or not? How will you know if you are meeting your projected goals and outcomes?)

Sustainability (How do you propose funding the program after the grant ends? Or, is there no need because the project creates/ purchases something—e.g. curriculum, equipment, partnerships):

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|  | Signatures | Date |
| Originator |  |  |
| Division Dean/ Administrator |  |  |
| Vice President of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Vice President of Finance |  |  |
| PC Grant Committee |  |  |
| College Council Rep |  |  |
| President |  |  |