

GRAYSON COLLEGE GRANT APPROVAL FORM



DATE: _____

GC DEPARTMENT REQUESTING GRANT: _____

DEPT. CONTACT NAME: _____

DEPT. CONTACT EMAIL: _____

Type of Grant (Please specify organization if known):

Federal _____

State _____

Private Foundation _____

Corporate Foundation: _____

WORKING TITLE OF PROPOSED GRANT:

PROPOSED PROJECT DIRECTOR, IF APPLICABLE: _____ % OF TIME _____

OTHER FACULTY/STAFF COLLABORATORS: _____ % OF TIME _____

NEW PERSONNEL REQUIRED: Yes, How many FTES? _____ No

PROPOSED PROJECT:

COMMITMENT BEYOND GRANT TIMELINE, EXPLAIN:

LETTER OF INTENT REQUIRED: Yes – If yes, please note required date of submission: _____ No

FACILITY REQUIREMENTS, EXPLAIN (I.E., OFFICE SPACE, NEW BUILDINGS):

EST. DOLLAR AMOUNT OF GRANT: \$ _____

MATCHING DOLLARS REQUIRED:

Yes – If yes % _____ No

CAN IN-KIND BE USED FOR MATCHING PURPOSES?

Yes – If yes % _____ No

IDENTIFIED TIME PERIOD OF GRANT:

_____ to _____

GRANT SUBMISSION DEADLINE: _____

INDICATE THE GOAL(S) THAT BEST REPRESENT THE PROJECT: Connect Commit Complete
(PLEASE CHECK ALL THAT APPLY)

APPROVAL OF PROJECT AND PROPOSAL:

		FINAL APPROVAL	DECLINED
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE, DEPARTMENT CHAIR			
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE, DEAN			
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE, VICE PRESIDENT			
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE, VICE PRESIDENT OF BUSINESS SERVICES			
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE FOUNDATION, EXECUTIVE DIRECTOR			
_____	DATE	<input type="checkbox"/>	<input type="checkbox"/>
GRAYSON COLLEGE, PRESIDENT			