Request for Authorization to Apply for a Grant

College Council

Santa Ana College

1. **GENERAL INFORMATION:** ❒ New Grant ❒ Renewal/Continuation of Existing Grant

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Initiator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantor Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantor Agency Deadline for Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **WHAT ARE THE PROJECTED FACILITIES REQUIREMENTS, IF ANY, AND HOW WILL THEY BE MET?**
2. **WHAT TECHNOLOGY RESOURCES WILL BE REQUIRED? WHAT HARDWARE OR SOFTWARE WILL BE PURCHASED?**
3. **ANTICIPATED PROJECT PERSONNEL:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Needed** | **FTE** | **Hourly** | **Existing/New** | **Funded Match In-Kind** | **Stipend or Release Time** |
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**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?**

1. **CURRICULUM (PROGRAM/COURSE) IMPACT:**
2. **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.** 
  + **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** ❒
* **What are the evaluation & research requirements of this grant and how will they be addressed?**

1. **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?**

1. **HAVE THE FOLLOWING BEEN ADVISED OF THIS PROPOSAL?**

|  |  |  |
| --- | --- | --- |
| ❒ Academic Senate President | ❒ Curriculum Committee Chair | ❒ Department Chair(s) of Department Impacted by Project |
| ❒ RSCCD Research & Grants office | ❒ SAC Research Director |  |

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

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Project Initiator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Administrator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Research Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President Date

1. **Recommendations:**

College Council: Yes ❒ No ❒ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Senate President: Yes ❒ No ❒

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Academic Senate President Date

1. **Final Approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
College President Date