Request for Authorization to Apply for a Grant
College Council
Santa Ana 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?

4. ANTICIPATED PROJECT PERSONNEL:

<table>
<thead>
<tr>
<th>Position Needed</th>
<th>FTE</th>
<th>Hourly</th>
<th>Existing/New</th>
<th>Funded Match In-Kind</th>
<th>Stipend or Release Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

Form Approved: College Council 04/23/14
6. 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.
     o Department _________________ Chair(s) _______________ Willing to Participate Yes ☐ No ☐
     o Department _________________ Chair(s) _______________ Willing to Participate Yes ☐ No ☐
     o 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?

8. 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

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

   Project Initiator: __________________________ Date: __________________________

   Project Administrator: __________________________ Date: __________________________

   Vice President: __________________________ Date: __________________________

10. Recommendations:
   ▪ College Council Recommendation: Yes ☐ No ☐ Date: __________________________
   ▪ Academic Senate President Recommendation: Yes ☐ No ☐

   Academic Senate President: __________________________ Date: __________________________

11. Final Approval:
   ▪ College President __________________________ Date: __________________________