

**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: \_\_\_\_\_

- 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. WHAT TECHNOLOGY RESOURCES WILL BE REQUIRED? WHAT HARDWARE OR SOFTWARE WILL BE PURCHASED?**

- 5. 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?

- 6. CURRICULUM (PROGRAM/COURSE) IMPACT:**

**7. 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?

**8. 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?

**9. 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

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

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Project Initiator \_\_\_\_\_ Date \_\_\_\_\_

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Project Administrator \_\_\_\_\_ Date \_\_\_\_\_

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Director of Research \_\_\_\_\_ Date \_\_\_\_\_

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Vice President \_\_\_\_\_ Date \_\_\_\_\_

**11. Recommendations:**

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

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Academic Senate President \_\_\_\_\_ Date \_\_\_\_\_

**12. Final Approval:**

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