

## Grant Approval Routing

Submitted by : \_\_\_\_\_

Department : \_\_\_\_\_

Date Submitted : \_\_\_\_\_

Return By : \_\_\_\_\_

Please complete a 2-page Grant Pre-Application Approval Request form with as much detail as possible. The information you provide will be used to facilitate internal discussions, and this routing sheet will be used to obtain the necessary signatures of approval throughout the process.

Provide a brief abstract or narrative that summarizes the topic, goals, primary activities, proposed project period, total dollar amount, time commitments with key personnel, and benefit to the institution by alignment or direct benefit to students, faculty, or community.

### STEP 1

Discuss the project with your supervisor and the dean or department chair. Review the funding requirements, timeline, and alignment with institutional goals. Please obtain their signatures on this form to continue pursuing funding.

Printed Name : \_\_\_\_\_

Supervisor : ☐ \_\_\_\_\_ Date : \_\_\_\_\_

Printed Name : \_\_\_\_\_

Dean or Dept Chair : ☐ \_\_\_\_\_ Date : \_\_\_\_\_

### STEP 2

Next, meet with the Grants Office to confirm eligibility to seek this funding, and develop the grant narrative and budget. Please obtain their signatures on this form.

Amanda Franze, Grant Director : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Danelle Dupuis, Grant Specialist : ☐ \_\_\_\_\_ Date : \_\_\_\_\_

### STEP 3

The application has been developed with a detailed budget, planned expenses, and a narrative outlining the project's goals and desired outcomes. Request review and approval from the Cabinet.

Vice President of Marketing and Institutional Image : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Chief Information Officer : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Chief Human Resources Officer : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Vice President of Enrollment Management and Student Success : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Vice President of Academic Affairs : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Executive Vice President : ☐ \_\_\_\_\_ Date : \_\_\_\_\_Vice President of Finance and Operations : ☐ \_\_\_\_\_ Date : \_\_\_\_\_

### STEP 4

With the project fully developed and approved by the Cabinet, submit to the College President, with a **minimum of three (3) weeks until the grant deadline** to allow for review and approval.

Dr. Greg Mosier, President : ☐ \_\_\_\_\_ Date : \_\_\_\_\_

# Grant Risk Review and Assessment Form

Submitted by : \_\_\_\_\_

Department : \_\_\_\_\_

Date Submitted : \_\_\_\_\_

Date Due : \_\_\_\_\_

Type of Application :   
☐ New  
☐ Continuing  
☐ Amendment (No-cost Extension, Carryover)  
☐ Resubmission

Type of Funding :   
☐ Federal  
☐ State  
☐ Foundation  
☐ Other \_\_\_\_\_

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

Funding Agency : \_\_\_\_\_

Amount of Funds Requested : 

Performance Period :

Start Date : \_\_\_\_\_

End Date : \_\_\_\_\_

Is an institutional match required? ☐ Yes

☐ No

Amount of Institutional Match : 

Is a 501c3 required? ☐ Yes

☐ No

Are indirect costs allowable? ☐ Yes

☐ No

Amount of Indirects Anticipated : 

## Project Personnel, Partners, and Stakeholders

Please identify all project personnel, including both current and planned hires, the position title, and the percentage of time they plan to commit to this project.

	Planning to Hire	Current Employee	Contract Employee	Name	Position Title	Department	Time & Effort Commitment (Hours or %)
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		KCKCC Program Contact		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Agency Program Official		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Principal Investigator		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Project Goals and Objectives, Beneficiaries, Desired Outcomes, Institutional Alignment, and Sustainability

Please provide a summary of the proposed project by completing the table below. Include facilities, equipment, software licensing, renewal fees, maintenance, and any ongoing support the college will need to provide for this project.

	Goal/Objective	Beneficiary	Quantity of Beneficiaries	Desired Outcomes	Institutional Alignment	Sustainability Plan
	What specific need(s) or problem(s) will the project address?	Who will receive services?	How many will receive services?	Describe the desired results of the project.	Explain how the project aligns to the college's strategic plan. <a href="#">strategic-plan-2024-2027.pdf</a>	How will activities be sustained after the grant ends? Who will be responsible for activities?
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						