



Submitted by : _____
Department : _____

Grant Approval Routing

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 Franz, 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 : _____

Submitted by : _____
Department : _____

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

Grant Risk Review and Assessment Form

Date Submitted : _____
Date Due : _____

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.	How will activities be sustained after the grant ends? Who will be responsible for activities? strategic-plan-2024-2027.pdf
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					