

GRANT PROPOSAL SUBMISSION APPROVAL FORM

Proposal Data:

Project Title _____

Funding Source _____

Program Name _____

Proposed Project Time Frame Start Date _____ End Date _____

Application Submission Deadline Date _____ Postmarked Delivered Electronic Submission

Project Director(s) _____

Department/Division _____ Extension _____

Budget Data:

Is multi-year funding available?

Yes No If yes, how many years?

Are matching funds required?

Yes No If yes, How much is required?

	1 st Year	Total Years
Grant Request		
BCC Cash Match		
BCC In-Kind Match		
Other Matching Funds (Source)		
Total Budget		

Project Description (50-100 words):

Identify Department Plan which project will advance:

How does the project advance College priorities:

Signatures for Approval:

1. Department Chair _____ Date _____

2. Institute Dean _____ Date _____

3. Vice President, Academic Affairs _____ Date _____

4. Associate VP of Human Resources (If requesting funds for personnel.) _____ Date _____

5. VP, Finance & Operations _____ Date _____