

**College of the Mainland
Grant Review and Approval Form (GRAF)**

This form must be completed for all requests for grant funding from organizations outside of the College. Upon approval or disapproval of Presidents Cabinet, you will be contacted by the Grants Development Officer.

If you have a need for funding, but have no specific funder in mind, please call or email Susan Weeks, Grants Development Officer, (x8419 or sweeks1@com.edu) rather than fill out the form.

DATE _____ NAME _____

1. Project Overview

What do you want to fund?

What population will be served?

Brief overview of project:

Amount requesting: _____

What will finding be used for? (give approximation)

\$ _____ Personnel: _____

\$ _____ Equipment: _____

\$ _____ Other: _____

2. Grantor Information

Funder: _____ Grant Name: _____

Grant Application Due Date: _____ Is a Letter of Intent Needed? _____

Grant Amount: _____

3. Grant Period

New Grant _____ Re-application _____ One-time grant _____ Multiyear grant _____

Length of project: _____ Expected Start/End dates: _____ / _____

4. Project Lead and Proposal Writing Team

(these are the departments and/or people who need to be involved in writing the grant)

Proposed Project Director/Lead: _____

Phone: _____ Department: _____

Others on Proposal Writing Team:

Name Department Phone

5. SIGNATURES:

Vice President

Dean

Please return the form to Susan Weeks, sweeks1@edu. Call if you have any questions – ext 8419

Administrative use only

Date reviewed by President’s Cabinet: _____ Decision: _____

Comments:

