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

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

1. Project Overview (or description of need)

Date: _____

Project title (or need for funds): _____

_____

Population to be served: _____

Brief overview of project: _____

_____

Amount requesting: _____

What will be purchased by the grant (give approximation)?

$_____Personnel: _____

$_____Equipment: _____

$_____Other: _____

2. 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: _____ _____

Title: _____   Phone:_____

Department: _____

Others on Proposal Writing Team:
Name   Department   Phone

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If you have a specific grantor in mind, please fill out the information below in addition to that above.

3. GRANTOR INFORMATION:

Funder: _____ Grant Name: _____

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

Grant Amount: _____

4. GRANT Period:

_____ New Grant

_____Re-application for an existing grant: _____Competitive _____ Non-Competitive

Duration of project: _____ One-time grant _____ Multiyear grant

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

5. SIGNATURES:

_____

Vice President

_____

Dean (if applicable)

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

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Administrative use only
_____

Date reviewed by President's Cabinet: _____Decision: _____

Comments:

_____

_____