



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.

IT IS THE RESPONSIBILITY OF THE PROJECT DIRECTOR TO FILL OUT THE FORM, GET THE SIGNATURES, AND RETURN THE FORM TO 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

Three horizontal lines for listing team members.

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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:  
\_\_\_\_\_  
\_\_\_\_\_