



Grant Development Process

1. Complete the *Intent to Apply for a Grant Form*
2. Get required signatures
3. Attach RFQ
4. Submit signed form to Director of Resource Development to present to Exec Team (**A103A** azacovic@sdccd.edu)
5. If Exec Team approves, it will go to President’s Cabinet for approval
6. Applicant will be notified if approved by President’s Cabinet

Intent to Apply for a Grant

I. Project

Project Title: _____

Total amount to be requested: _____ Number of years: _____

Name: _____ E-mail _____

Phone number _____ Department _____

Lead organization or fiscal agent: _____

Other possible partners:

What are the project’s goal(s) and objective(s)?

Who will benefit from the grant, and how many will be served?

How will this project be sustained after the grant period has expired?

II. Grant Information

Type of grant _____ Granting agency _____

Grant solicitation title: _____

Submission Date _____ Start and end date of grant _____

Continuation of an existing project

New proposal

III. Staffing Information (Please check the appropriate box)

Existing staffing will be used

Additional staff will be hired (Please describe)

Faculty release time is involved

Please include a list of all faculty who may receive reassigned time to either prepare or implement this proposal).

Stipends will be paid.

Please list of all who would receive a stipend(s), their tasks for receiving the stipend(s)

IV. Physical Plant Information to support this project (Please check appropriate box)

Additional space is required (describe)

Additional IT is required (describe)

Additional facility requirements (describe)

V. Budget Information

Average award _____ Matching costs or in-kind required? ____ Yes _____ No
(If yes, provide percentage or amount, and short description)

You have met with the Accounting Supervisor to discuss possible fiscal impacts on the college.

VI. **Will writing and/or implementing the grant have potential impact on any of the entities listed below, and/or require support/collaboration from any of these entities? If the answer is “Yes,” “Probably,” or “Not sure,” provide a brief explanation for each impacted entity.**

Area	Entity	Explanation
President	Public Information Office	
	Campus-based researcher	
	Resource Development	
Instruction	Curriculum	
	Faculty	
	Instructional division(s)	
	Library	
	Room scheduler/Course Loading	
	Tutoring	
	Workforce	
Student Services	Admissions	
	Career Center	
	Counseling	
	Disability Support	
	EOPS/CARE	
	Financial Aid	
	Health Services	
	International Students	
	Outreach	
	STAR/TRIO	
	Testing/Orientation	
	Transfer Center	
Administrative Services	Bookstore	
	Business Office (purchasing, budgeting, travel, payroll, etc.)	
	Facilities	

	Food Services	
	IT Services	
	Human Resources	
	Security	
District Office	District Grants Office	
Principals: Who do you see . . . (list all of the major participants)		
Writing the grant		
Getting the grant "off the ground" if awarded		
Directing the operations of the grant		
Managing operations of the grant		
Managing the fiscal aspects of the grant		
Fulfilling the grant reporting requirements		
Planning for institutionalization of grant activities		

VII. Signatures:

Principal Investigator _____ Date: _____

Program Dean _____ Date: _____

Campus-based researcher _____ Date: _____

Department Chair _____ Date: _____

Area Vice President _____ Date: _____

Accounting Supervisor, Business office _____ Date: _____

Vice President Administrative Services _____ Date: _____

Director of Resource Development _____ Date: _____

Executive Team Approval _____ Date: _____

President's Cabinet Approval _____ Date: _____