



**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](mailto: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).

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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	
<b>Principals:</b> 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: \_\_\_\_\_

Campus-based researcher \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Supervisor, Business office \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair \_\_\_\_\_ Date: \_\_\_\_\_

Program Dean \_\_\_\_\_ Date: \_\_\_\_\_

Area Vice President \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Administrative Services \_\_\_\_\_ Date: \_\_\_\_\_

Director of Resource Development \_\_\_\_\_ Date: \_\_\_\_\_

Executive Team Approval \_\_\_\_\_ Date: \_\_\_\_\_

President’s Cabinet Approval \_\_\_\_\_ Date: \_\_\_\_\_