Grant Pre-Approval Form

Please complete form and submit to Grant Director's office for review and to acquire necessary signatures for approval.

Requesting department: _____

Contact name(s): _____

Email: _____

Phone: _____

Project Information

Name of project: _____

Estimate project dates: Start: _____ End: _____

Estimated project costs: $_____

Project narrative (briefly explain purpose of project):

How does grant align with FDLTCC mission/strategic plan?

Grant Opportunity Information

Grant Opportunity and URL (if known): _____

Funding Agency: _____

Grant Contact(s): _____

Application Due Date: _____

Type of Funding: _____ **State** _____ **Federal** _____ **Foundation** **Other** _____

Grant Agency Mission/Vision:

Grant Details

Estimated Request Amount: $_____

College Match Requirement

Cash: _____ In-Kind Support: _____ Other: _____ N/A ____

Briefly explain match requirements:

Are Indirect Costs Allowable? If yes, what is the percentage and what is it based on (e.g. 10% of direct costs) _____

Is this grant a continuation of existing work, or for a new program/project and will there need to be new staff hired in the grant? (Briefly explain)

After the grant is complete, will work continue? If so, will there be ongoing costs to the college, or will further grants need to be secured? (Briefly explain)

Is a letter of support required? _____

Does the grant require review by an Institutional Review Board (IRB)? _____

Name of Responsible Person/Principal Investigator: _____

Signature: _____ Date Submitted: _____

Received by Grant Office: _____ Date: _____

Approvals:

Executive Financial Officer: _____ Date: _____

President: _____ Date: _____