



Santiago Canyon College

INSTRUCTIONS TO REQUEST FOR AUTHORIZATION TO APPLY FOR A GRANT

If a “letter of intent” by the granting agency is required, you are permitted to submit your “letter of intent” prior to completing this process. However, you **MUST** complete this process and request authorization to apply for a grant. When seeking to apply, please complete the following process:

1. Contact the Vice President for your service area for assistance with establishing whether or not your grant criteria requires the completion of the “Request for Authorization to Apply for a Grant” form.

CRITERIA:

- | | | |
|-----|----|---|
| Yes | No | Is the grant funding level more than \$100,000? |
| Yes | No | Is the grant funding beyond 18 months? |
| Yes | No | Is this grant considered more than a one-time funding opportunity? |
| Yes | No | Will this grant require institutionalization? |
| Yes | No | Will this grant create additional facility/technology needs or impact current facilities? |
| Yes | No | Will this grant require any curricular changes? |
| Yes | No | Will this grant have impact on any other department (is self-contained)? |

- ❖ If you answered **YES** to any of the questions above, you **MUST** continue to step 2 and request for authorization to apply for a grant.
- ❖ If you answered **NO** to ALL of the questions above, please complete the “Grant Information Worksheet” form (page 6 ONLY). Please submit a copy of the signed and completed Grant Information Worksheet Form to the Planning and Institutional Effectiveness (PIE) committee for a vote. You will be notified of a decision within five business days.

2. Complete the “Request for Authorization to Apply for a Grant” form.

3. You must email the completed “Request for Authorization to Apply for a Grant” form to the following individuals notifying them that you are intending to apply for a grant. Your request to those indicated with an asterisk (*) should include a request to be placed on their next agenda. Please be available to answer questions during their meeting. Most requests only require one reading if no follow up questions/information is required.

- | | |
|---|--|
| <input type="checkbox"/> Academic Senate President* | <input type="checkbox"/> College Council Co-Chairs* |
| <input type="checkbox"/> Curriculum Committee Chair | <input type="checkbox"/> Department Chair(s) Impacted by Project |
| <input type="checkbox"/> EMPC Co-Chairs | <input type="checkbox"/> PIE Co-Chairs* |
| <input type="checkbox"/> RSCCD Research & Grants Office | <input type="checkbox"/> Vice President(s) Impacted by Project |
| <input type="checkbox"/> Dean(s) Impacted by Project | |

SANTIAGO CANYON COLLEGE

Request for Authorization to Apply for a Grant Form

GENERAL INFORMATION:

Project Title: _____
Project Initiator: _____
Project Administrator: _____
Vice President of Area: _____
Grantor Agency: _____
Grantor Agency Proposal Deadline: _____
Funding Period: _____

Was a "letter of intent" required prior to submission? Yes, date: _____ No

PROJECT DESCRIPTION/PLAN: (Briefly provide a description of the grant activities and intended outcome.)

Estimated grant amount: _____

Match required? Yes No
If yes, what is the match: General Fund Categorical In-Kind

Match amount: _____

Indicate Specific Source: _____

FACILITIES REQUIREMENTS: (Are there any projected facilities requirements such as space? How will facility needs be addressed and will there be associated costs? Please explain.)

PROJECT PERSONNEL: (List your anticipated project personnel to be funded by the grant or utilized as a match requirement.)

| Position Needed | Full/Part-time | Hrs. per week/LHE | Grant Funded/Match Requirement |
|-----------------|----------------|-------------------|--------------------------------|
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Are there any existing personnel involved in this grant that are working on any other projects? If yes, please explain:

CURRICULUM: (Will the grant have any impact on curriculum or scheduling of classes? New, revisions, deletions, additional sections, etc. Please explain.)

IMPLICATIONS FOR THE COLLEGE/DISTRICT:

How does this project relate to the goals and objectives of the [Educational Master Plan](#)?

Identify how your Program Review/DPP supports the need for this grant.
(Please copy and paste from your department's planning documents)

Will this project impact other departments/units? Yes No

If yes, please list each department, the chair(s) or lead with whom you spoke and whether or not the faculty/staff in the department are willing to participate in the proposed project.

| Department Name | Chair(s)/Department Lead | Willing to Participate? Yes/No |
|-----------------|--------------------------|--------------------------------|
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LONG TERM IMPLICATIONS FOR THE COLLEGE/DISTRICT:

When funding ends, is it required for any aspects or personnel of this project to be institutionalized? Yes No

If yes, explain what is required to be institutionalized and the estimated annual cost to the general fund.

If no, what will happen to this project and the personnel involved?

OPERATIONAL SIGNATURES: (Obtain signatures in the order below.)

Project Initiator Date

Project Administrator Date

Vice President Date

RECOMMENDATIONS:

Planning and Institutional Effectiveness (PIE) Recommendation:

Yes, meeting date: _____ No

Academic Senate Recommendation:

Yes, meeting date: _____ No

College Council Recommendation:

Yes, meeting date: _____ No

FINAL APPROVAL:

College President Date

