**Grant Application Form B**

Grant Application Form B is for grants whose application timelines -- from initial RFA date to application deadline-- are less than three months. If a grant qualifies for Form B, application development may begin prior to the approval of Form B by the President’s Council. Grants for less than $100,000 are exempt from this application process.

This form submitted by: Date:

Name of Grant:

Original grant posted (available) date:

Submission deadline: Award date:

Grant authors:

Grant Amount requested:

|  |
| --- |
| **A. Goals and intended outcomes of the grant:** |

|  |
| --- |
| **B. Connection of the grant to SLOs, ILOs, Education, Facilities, Technology, Strategic Master Plan(s):** |

|  |
| --- |
| **C. Impact on staffing: identify primary positions to be created and/or reassign time allocated to existing staff.**  |

|  |
| --- |
| **D. Impact on space--possible displacement of existing programs and/or staff:** |

|  |
| --- |
| **E. Impact on institutional budget-- 50% law, institutional matching contributions, increase/decrease in enrollments, potential for adding to ongoing costs, restricted versus unrestricted funds; requirements for expending:** |

|  |
| --- |
| **E.**  Identified Manager, Activity Director, for Grant (beyond administration) if any: |

|  |
| --- |
| **F.**  Is there an Impact on specialized categorical programs and non-categorical programs |

**Shared Governance Routing**

*For Review*

Department Chair (If Applicable) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Dean or Responsible Administrator :\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Committee Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Senate President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President’s Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Approval*

President/Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_