



GRANT CONCEPT PLANNING FORM

Your Name: _____ Department: _____

Project Title: _____

PROJECT CONCEPT – Attach a 1-page or less overview of your project concept, numerically (1-6) addressing:

1. How does this project fit into the college mission, goals and objectives?
2. What specific concept, training, program, etc. does the proposed project address?
3. How was the need for this program identified?
4. How will the College benefit? – i.e., equipment, new construction, curriculum development, faculty/staff development, increased enrollment, revenue, positive media, etc.
5. What will be the major project activities?
6. What is the potential impact on the College? - new staff; reallocation of existing staff; space needed; FTE, etc.

COSTS – Attach an additional page (2) outlining the following, labeling them alphabetically (A-D) addressing:

- A. **Estimated Resources Required** – provide a cost analysis - include facility or equipment use and maintenance, staff development, marketing/outreach, utilities, supplies, travel. Analyze all needs – be prepared to write detailed specifications for equipment, purchase requisitions, position vacancy notices, as applicable.
- B. **Anticipated Timeline** – include timeline for accomplishing goals of project, include start and ending date, ensure sufficient time will be available to close out the grant expenditures. Develop plan for hiring personnel, purchasing, offering classes, and sequence of projected activities, as applicable.
- C. **Management Plan** – identify position responsible for managing the grant, how grant will be implemented; include job descriptions, supervision of grant staff and other related positions, potential staff to be hired, determine if needed expertise is available at the College, include information on anticipated contracts or MOUs with other entities.
- D. **Facilities/ Office and Classroom Space Plan** – specifically identify where the grant project will be administered and all necessary space to carry out the program. Indicate how and when space and equipment will be obtained, secured and scheduled.

FUNDING Do you know of a potential funding source(s) for this proposal? _____ Yes _____ No

If Yes Potential funding source(s) _____

Application/proposal due date _____ When will applicants be notified? _____

Is multi-year funding available? _____ Yes _____ No If yes, how many years? _____

Are matching funds required? _____ Yes _____ No If yes, what percentage? _____

If in-kind matching is possible, describe: _____

If No Do you need help from the Grants Development Office in identifying funding sources? _____ Yes _____ No

LEVEL OF SUPPORT Requested from Office of Grants Development

Requested:
(By Originator)

Check all that apply:

- _____ Coordination of planning and writing
 _____ Assistance in planning/gathering information
 _____ Assistance in planning/writing sections
 _____ Proposal editing/proofing

Approved (by Grants Office):

**Signatures
and Reviews:**

Department Head _____ Date _____

Comments, if any: _____

Dean/Supervisor: _____ Date _____

Comments, if any: _____

Grants Office Review: _____ Date _____