AMARILLO COLLEGE

PRELIMINARY APPROVAL FORM FOR GRANT PROPOSALS

Instructions: This form will be used to begin the external funding process. Further guidelines should be referenced in the Resource Development Guide. When a concept has been formulated which may have the potential to attract external funds, the initiator should contact the Office of Resource Development/Institutional Advancement. That office will assist the initiator in further refining the concept and completing this form. The purpose of this form is to insure that all responsible parties are aware of and agree with the allocation of time and resources required for the development of the proposal and the potential award of the project. This form helps further assure that the project is consistent with institutional goals and priorities. No grant efforts should be pursued until the appropriate Executive Committee member has reviewed this project and has so indicated on this form by his/her signature and the project has been approved by the Executive Committee. No grant is to be submitted without the President’s review of the proposal.

Date: ___________ Project Director/Lead: __________________________________________________________

Department/Division: _____________________________ Telephone _________________

Others on Proposal Writing Team:
Name Department/Division Telephone
____________________________________________________________________________________

Funding Source(s): ________________________________________________________________

Title of Project: ________________________________________________________________

Project Description/Objectives:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Related Goal (from Strategic Plan) and Institutional Needs:
____________________________________________________________________________
____________________________________________________________________________

Proposal Due Date: ___________ Start/End Dates of Grant: __________________________

Expected Acknowledgment Date: _______________
1. Is it? ___ a new grant 
   ___ re-application for existing grant: ___competitive ___ non-competitive 
   ___ partnership/collaborative grant with:________________________

2. If Amarillo College is not to be the fiscal agent, name the entity: _____________
   ______________________________________________________________________

3. Estimated budget information: (All final budget information must be reviewed by the
   Business Office grants officer.)

   a. What is the total dollar amount requested? ________________________________

   b. What is the “direct” revenue for AC? ________________________________

   c. Will there be “indirect cost” to AC?
      __No   __Yes   If so, What percent? ______

   d. What amount is the partner requesting? ________________________________

   e. What will be purchased by the grant?
      $_________ personnel
      $_________ equipment
      $_________ other
      (describe)______________

   f. Will there be requirements of in-kind
      or matching funds?    ___Yes    ___No
      If Yes, please complete the following:
      In-kind:$_________ matching:$_________
      _______ equipment   _______ equipment
      _______ personnel   _______ personnel
      _______ other       _______ other
      (describe)___________ (describe)___________

      (NOTE: THE COMMITMENT OF INSTITUTIONAL MATCHING FUNDS MUST BE
      APPROVED BY THE EXECUTIVE COMMITTEE.)

   g. What are your plans for obtaining matching funds?
      ___request from AC match pool: $_____________________________________
      ___request from other source(s) - Specify Sources and Amounts
      $_________ Source:_________________________________________________
      $_________ Source:_________________________________________________

   h. Will additional institutional funds be required to:
      purchase equipment  ___ Yes   ___ No
      hire personnel      ___ Yes   ___ No
pay for travel  __ Yes  __ No
4. If personnel are hired, will they be new, existing, or combination? What are the titles for the personnel to be paid under the grant? _______________________________________
   _______________________________________

5. Will the proposed project require facility modifications, additional space or program relocation? ____ No ____ Yes, explain. Include costs and sources:____________________
   _______________________________________
   _______________________________________

6. Will the proposed project require significant or unusual support from any ancillary services of the College? ____ No ____ Yes, explain. _________________________________
   _______________________________________

7. Will the proposed project provide similar services/functions to those which currently exist within the college or the community? ____ No ____ Yes, explain______________________________
   _______________________________________

8. Will the proposed project involve more than one division or department within the institution? Outside of the institution? List those expected to cooperate:_________
   _______________________________________

9. What are the outcome requirements of the granting agency? (final report, etc.)
   ______________________________________
10. The grant period is ______ year(s). Place an “X” by the item below that best describes the project you are pursuing. Items “c” through “e” will also require a separate sheet which includes your discussion plans for disposition, incorporation, or continuance of the project and its resources.

   a. Project will be completed at the end of the grant.
   b. The project will be completed at the end of the grant period, but the grant may be reapplied for [from the same funding source(s)] in the following year
   c. Project will require additional funding at the end of the grant period and funding will be obtained by (what process) or from . .
   d. The activities begun by this grant are revenue generating and are sufficient to sustain the project and/or services (including personnel)
   e. The institution is expected to continue the activities and personnel of the grant upon expiration of the grant

Requested by:___________________________________________________________

Recommended by:___________________________Yes_____No__________________
Department Chairman/Director Date

Recommended by:___________________________Yes_____No__________________
Division Chairman/Director Date

FOR RESOURCE DEVELOPMENT USE ONLY:

REVIEWED BY:

________________________________________ Date
(Supervising Executive Committee Member)

APPROVED BY EXECUTIVE COMMITTEE: _____ Yes _____ No Date__________

Comments or stipulations:

Please return completed form to the Resource Development/Institutional Advancement office.