REQUEST FOR AUTHORIZATION TO APPLY FOR A GRANT

1.

Project Title: Project Director: Project Administrator: Grantor Agency Grantor Agency Deadline for Proposal: Funding Period: PROJECT DESCRIPTION/PLAN: Estimated grant amount: \$		GENERAL INFO	RMATIO	N:					
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4.	FACILITIES REQUIREMENTS:					
5.	IMPLICATIONS FOR THE COLLEGE/DISTRICT: * How does this project relate to the goals and objectives of the college?					
	* Will this project impact other departments/units? YES _ If yes, explain how you plan to include them in the planning					
	* Is Academic Senate approval required? YES No					
	* How will project facilities requirements, if any, be met?					
	* When funding ends, what will happen to this project?					
6.	APPROVALS: (Obtain signatures in the order below)					
	Project Initiator	Date:				
	Project Administrator	Date:				
	Vice President	Date:				