



Date:

**INTENT TO APPLY FOR A GRANT**

(Use this form to inform the college of your INTENT to apply for a grant)

**I. \_\_\_ Primary Contact/Principal Investigator OR \_\_\_ Partner with another entity (Sub-award)**

Name:
Phone Number:

E-mail:
Division:

**Grant Description** (brief summary from Solicitation):

College Strategic Direction and planning goal supported by the Grant; explain below:

Facilities and Technology: identify and scale technology-enabled approaches and upgraded facilities to improve teaching and learning.

Student Services: expand and enhance Student Services programs through innovation and the seamless delivery of services.

Equity and Excellence: develop and strengthen relationships both domestic and international to ensure excellence in practice for an increasingly diverse student population.

Comprehensive Community Connection: comprehensive initiative to strengthen the community connections Instruction

Fiscal Stability / Resource Development: maintain fiscal stability through strategic integrated planning and resource allocation and development Fiscal Stability.

(Retrieved from website: <http://www.skylinecollege.edu/institutionalplanning/strategicpriorities.php> 8/7/13)

How is Strategic Goal Above supported by the proposed grant/application?

Name of Lead entity or Fiscal Agent:		
Possible outside partners:		

**II. Grant Information**

If not Applicable please state "N/A"

	New	Renewal
1. Type:		
2. Source:		
▪ For Federal, please choose Department:		
▪ For Foundation, please state:		
3. Grant Solicitation Title:		
4. Start and end date of grant:		
5. Submission Due Date:		
6. Granting Agency Name:		
7. Grant Opportunity Number:		
8. CFDA Number:		
9. Grant submission requirements:		

**Skyline Mission: To empower and transform a global community of learners.**

**III. Budget Information**

- |                     |  |  |
|---------------------|--|--|
| 1. Length of award: |  |  |
| ▪ Average award:    |  |  |
| ▪ Indirect cost %   |  |  |
- District approved Federal Rate is 30% of salary and benefits.
2. Matching costs required                      Yes, \$\_\_\_\_\_ or \_\_\_\_%                      No
- If yes, state initial amount or percent of match.
3. IRB (Institutional Review Board) review                      Yes                      No  
    required?
- If yes, IRB (Researcher's) signature                      \_\_\_\_\_

**Other comments and/or information:**

**IV. Signatures**

Principal Investigator:		Date:
Division Dean:		Date:
Dean of PRIE:		Date:
Chief Business Officer:		Date:
Vice President:		Date:
College President:		Date:

**Send initial PI signed form to Administrative Services Office, Grants Project Director, for processing and distribution.**

For Administrative Services Office

Was this grant submitted?                      Yes                      No

If not, state the reason: