

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 planning goal supported by the proposed grant; please check all that apply:

- Be an antiracist and equitable institution.
- Increase student enrollment by being responsive to the communities we serve.
- Ensure that all students have the support and resources needed to achieve their educational goals.
- Foster a thriving learning and work environment.
- Cultivate civic-mindedness to empower self and society.
- Ensure fiscal stability to support the College mission and maintain public trust.

(Retrieved from website: <http://www.skyline.edu/prie/emp.php> and [Board Policy 6.30](#))

How is goal above supported by the proposed grant/application?

Name of lead entity or fiscal agent:

Possible outside partners:

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II. Grant Information

If not applicable indicate "N/A"

- 1. Type: New Renewal
- 2. Source:
 - a. For Federal, please indicate US Agency/Dept:
 - b. For foundation, please indicate:
- 3. Grant solicitation title:
- 4. Start and end date of grant:
- 5. Submission due date:
- 6. Granting agency name:
- 7. Grant opportunity name:
- 8. CFDA number:
- 9. Grant submission requirements:

III. Budget Information

- 1. Length of award:
- a. Average award:
- b. Indirect cost %:
- c. District approved Federal rate is 30% of salary and benefits.
- 2. Matching costs required: Yes, \$ _____ or ____ % No
 - a. If yes, indicate initial amount or percent of match.
 - b. If yes, please indicate specific *existing* College resources that can be leveraged (e.g. staff FTE, space, supply and material expenses)

c. Alternatively, please describe what new resources would be required to satisfy terms of match (e.g. staff FTE, space, supply and material expenses) and if such requirements are to be funded from Fund 1, Fund 3, Foundation, or another external source.

- 3. IRB (institutional review board) review required? Yes No
 - a. If yes, IRB (researcher's) signature: Date:

Other comments and/or information:

IV. Signatures

Principal Investigator:	<input type="text"/>	Date:	<input type="text"/>
Division Dean:	<input type="text"/>	Date:	<input type="text"/>
Dean of PRIE:	<input type="text"/>	Date:	<input type="text"/>
College Business Officer:	<input type="text"/>	Date:	<input type="text"/>
Vice President:	<input type="text"/>	Date:	<input type="text"/>
College President:	<input type="text"/>	Date:	<input type="text"/>

Please send initial PI-signed form to Administrative Services Office, Financial Analyst (Grants), for processing and distribution.

For Administrative Services Office

Was this grant submitted? Yes No

If not, for files and records, please indicate the reason: