

Pre-Proposal Grant Initiation Form

This form must be completed *before* work begins on the drafting of the grant proposal/application. Please complete this form based on the information you have available at this point. The questions below identify fundamental considerations for evaluating potential grants from an external source. For those questions you do not have a response at this time, either leave blank or check 'unknown.'

Date: _____ **Prepared by:** _____

**Proposed Project Director/
Principal Investigator:** _____

Title of Grant: _____

Name of Funding Source: _____

Submission Deadline: _____ **Proposed Funding Period:** _____

Estimated Project Budget: _____ **Estimated Grant Request Amount:** _____

Purpose of Grant Request:

- | | |
|--|--|
| <input type="checkbox"/> Student support services | <input type="checkbox"/> Academic support |
| <input type="checkbox"/> Equipment/Capital Improvement | <input type="checkbox"/> Program or Curriculum development |
| <input type="checkbox"/> Research | <input type="checkbox"/> Training or Apprenticeship |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Other: _____ |

Project Description: (Summarize the project goals)

Project Personnel: If determined, indicate key personnel, including students, for the project. Include names or titles of positions required, nature of participation and estimated percentage of time that will be devoted to the project.

Name: _____ %

Name: _____ %

Name: _____ %

- Will this project require Release time? Yes No Unknown
- Will this project require Overload/ESA? Yes No Unknown
- Will this project require new staff ? Yes No Unknown
- Will this project require IRB approval? Yes No Unknown

Collaborations:

Will the project involve partners? Yes No Unknown

If yes, who are the partners? _____

Is SJC a sub-recipient on the grant project? _____ Yes No Unknown

Did the partners initiate this project, or did you? _____

What other SJC departments will the grant impact? _____

Budgetary Considerations:

Are matching funds required? Yes No Unknown If yes, how much or %? _____

Have you identified a source for the match? Yes No

If yes, indicate source: _____

Is the College required to continue the project with its own resources after the grant ends?

Yes No Unknown (If yes, please allow two - three weeks for review)

Facilities & Equipment:

Will additional equipment or special purchase be needed? _____ Yes No Unknown

If yes, will the grant cover these costs? Yes No Unknown

Will additional technology/equipment and its support be needed? _____ Yes No Unknown

If yes, is the cost of new technology/equipment and its support covered by the grant? Yes

No Unknown

Where will the work/research/project take place? _____ On-campus _____ Off-campus

If on-campus, where? _____ Is the existing space adequate? Yes No

Roles and Responsibilities:

I understand that I am responsible for developing the proposal and budget. I understand that the Office of Grants Management will assist with proposal review, editing, budget development, submission, and the identification of other sources of potential support, as needed. I also understand that the proposal needs to be completed at least 5 business days prior to the grant submission deadline to allow time for final internal review and approval. Items that are checked as "unknown" will need to be addressed with your immediate supervisor prior to final approval.

Signature: _____

Supervisor Signature: _____

Please sign, secure other signatures, and email to Tomoko.Olson@sjcd.edu and Scott.Hairston@sjcd.edu.

OGM INTERNAL USE ONLY

VCFA Approval for Department: _____ **Date** _____