Seattle College District Procedure

NUMBER: 670

TITLE: SCD Grants and Contracts

Appendix G: Intent to Apply for External Funding

Summary Informa	ition				
Project Name:					
Funding Source					
Ask Amount		Award ength:		Start Date:	
Indirect Cost Allowed (y/n)		ndirect Costs Amount	allowable	\$	
FTE Generating? (y/n)	I	f so, how mar	ıy?		
Key Partners (indicate lead):					
Lead Administrator, staff, faculty					
Project Summary					
Outcomes					
How project relate	es to strategic pla	an			
Please attach a pr	oject budget				

Questions:

Ask yourself, "Will writing and/or implementing the grant (1) have potential impact on any of the entities listed below? And/or (2) require support/collaboration from any of these entities?" If the answer to either question is "yes" or "probably," provide a brief explanation for each impacted entity.

Presi	dents Area	Explanation:
	Public Information Office	
	Human Resources	
	Institutional Effectiveness	
	Grant Office	
	Advancement/Seattle Colleges Foundation	
Instru	uction	
	Internships/Career Services	
	eLearning	
	Faculty	
	Instructional Division: HHS/BEIT/M&S/HUM	
	Library	
	Room scheduler/coarse loading into HP	
	Tutoring	
	Curriculum and Academic Standards Committee	
	Exec. Workforce Dean	
	Workforce Support Program	
Stude	ent Services	
	Admissions	
	Advising	
	Counseling	
	Credentials Evaluation	
	Disability Services	
	Financial Aid	
	Registration	
	Testing Center	
Admi	nistrative Services	
	Bookstore	

	Business Of	fice			
	Cashiering				
	Facilities				
	Food Servic	es			
	IT Services				
	Security				
Signa	tures: Proje	ct Director a	nd Dean		
Proje / PI	ct Director	Signature			
		Name		Date	
Dean		Signature			
Dean				B - 1 -	
		Name		Date	
∐ A	pprove	∐ Do	not approve (please explain belov	v in comn	nent section)
Му а	pproval sign	ifies that:			
1) My	division has	the capacity	y to implement this project.		
2) I h	ave thoroug	hly reviewed	the proposed budget, project des	ign, and c	outcomes.
•	her I or the I	Project Direct	tor has consulted with the departr	ments che	cked in the
		t how the gra ir comments	ant will impact their work. The pro	posed pr	oject takes into
consi	deration the	ir comments			
consi 4) Th 5) I re	deration the	ir comments eets a need ir o the Vice Pr		age of an	opportunity.

Signature: Grants	office			
Grants Office	Signature			
	Name		Date	
Approve	☐ Do	not approve (please explain below in	comment	section)
Comments:				
Signature: Busines	ss Office			
Business Office	Signature			
	Name		Date	
Approve	Do	not approve (please explain below in	comment	section)
Comments:				
Signature: institut	ional effec	tiveness		
Institutional Effectiveness	Signature			
	Name		Date	
Approve	Do	not approve (please explain below in	comment	section)
Comments: Signatures: Vice P	rosidonts			
Instruction	Signature			
	Name		Date	
Approve	Do	not approve (please explain below in	comment	section)
Comments:				
Student Services	Signature			
	Name		Date	
Approve	Do	not approve (please explain below in	comment	section)
Comments:				

Administration	Signature				
	Name			Date	
Approve	Do no	t approve (please	explain below in	comme	nt section)
Comments:					
Signature: Presid	lent				
Signature					
Name				Date	
Approve	Do no	t approve (please	explain below in	comme	nt section)
☐ ∨hbione					