

LOS ANGELES PIERCE COLLEGE Preliminary Grant Proposal Form

SUMMARY

Applicant's Name: _____ Phone: _____ Email: _____

Proposed Title of Project/Brief Summary: _____

Due Date for Submission: _____ **Funding Agency:** _____ **Agency Program:** _____

Agency Type (Check one): Federal Federal-via-state State Local Foundation Private Other: _____

Project Director/Principal Investigators: _____ Partners: _____

ESTIMATED BUDGET

Beginning Date: _____ Ending Date: _____ **Year 1 Funding: \$** _____ **Total Funding: \$** _____

Will there be indirect cost (i.e. consulting fees?): Yes No If yes, what percent or amount?: _____

MATCH INFORMATION/IN-KIND CONTRIBUTIONS

Are matching funds required? YES NO If so, how much? _____

Who is responsible for obtaining matching funds? _____

What (if any) in-kind materials would you use for this grant? _____

POTENTIAL IMPACT (STUDENTS/ STAFF/ SPACE)

When will work be done? Beginning Date: _____ Ending Date: _____ How many new staff will be required? _____

How many existing staff will be reallocated? _____ Which positions/FTEs? _____

What space will be required? Offices: _____ Classrooms: _____

Information Technology Support: _____

Institutional Research Support: _____

SIGNATURES AND REVIEW:

Chair/Director: _____ Date: _____ Dean/Supervisor: _____ Date: _____

Vice President: _____ Date: _____ President: _____ Date: _____

Other signatures (FPPC, IT, etc.) required by the dean:

1. Committee (please print name): _____ 2. Committee (please print name): _____

Chairperson: _____ Date: _____

Chairperson: _____ Date: _____

Manager: _____ Date: _____

Manager: _____ Date: _____

3. Committee (please print name): _____

4. Committee (please print name): _____

Chairperson: _____ Date: _____

Chairperson: _____ Date: _____

Manager: _____ Date: _____

Manager: _____ Date: _____