Grant Proposal Development Check-List

Directions: This form is to be **completed electronically** by the principal investigator for authorization to apply for a grant of any kind. Routing of the proposal for needed signatures should begin before the actual writing of the proposal.
This form must be completed and submitted to the Director of the Grant Resource Center no less than 5 weeks before the grant submission due date.

Date:
Due date of grant submission:
Date of grant submission:

1. Information about applicant

a.	Initiator/Principal Investigator:	
b.	Department:	
c.	Campus Phone Number:	
d.	Campus Email Address:	.
e.	Grant Team members:	
f.	Project Manager (If different from PI)	.

2. Information about your proposed funding source

a.	Funding source:	
b.	Total amount to be requested from funding source:	**$**
c.	Is a Letter of Intent or Pre-application required?	Choose an item.
	If yes, what is the deadline:	
d.	Funding source's official full proposal deadline: _____	Choose an item.
e.	Method of submission:	Choose an item.
f.	If hard copy, number of copies needed	Original + ____ copies
g.	Mailing address/web address for funding source:	**www.**

3. Project information and details

a. Project Title:	
b. What is the expected outcome of the project?	
c. What institutional strategic initiative does this project come under? Goal:	
d. Describe the target audience who will benefit from this grant:	
e. Please provide a brief description of the project: (Limit to 150 words)	
f. Type of proposal/project: (Check all that apply) ☐New ☐Continuation: Year ____ Total award years ____ ☐Renewal: Year ____ Total award years ____	
g. Proposed project period:	

4. Impact on BRCC budget

a.	Are indirect costs allowed? **If yes**, what percent? [ ] **%**	Choose an item.
b.	Are BRCC cost sharing/matching funds requested in this proposal?	Choose an item.
c.	Is cost sharing/matching funds mandatory? **If yes**, please complete the following:	Choose an item.
	i. How much is BRCC required to match?	**$**
	ii. What is (are) the source(s) of the matching funds?	
	Already budgeted departmental funds:	Account #: [ ]
	Other: Please specify	: [ ]
	iii. Will in-kind contributions be allowed?	Choose an item.
d.	First Year Budget: Direct Costs **$ 0** Indirect Costs **$ 0** Total **$ 0**	
e.	Project Period Budget: Direct Costs **$ 0** Indirect Costs **$ 0** Total **$ 0**	
f.	Is it anticipated that the project will continue beyond the activity?	Choose an item.
	If yes, give details of all ongoing financial responsibilities including who will pick up the recurring costs:	
g.	If equipment is purchased through this grant, who owns it after the end of the grant?	☐Grantee ☐BRCC ☐Other (Specify): [ ]
	Faculty time release requested for project: (Report in course release for the academic year and months for the summer, i.e., 1.25 months) Team member 1 (Name): [ ] Unit/Dept.: [ ] Academic Year: [ ] Summer: [ ] Team member 2 (Name): [ ] Unit/Dept.: [ ] Academic Year: [ ] Summer: [ ]	

5. Impact on college facilities

a.	The proposed project Choose an item. require that additional space be made available to the project or that existing space be renovated. ***Requests for space require written approval of the Chancellor.***
b.	Type of space needed (check as appropriate): ☐ Office ☐ Lab ☐ Classroom ☐ Occupancy ☐ Other (specify): [ ]
c.	Does current college space need to be renovated or expanded to accommodate this project? Choose an item.

	If yes, please specify proposed location for renovation or location if additional space is requested in the attachment:
	 Reason for additional/renovated space:
	 ☐ Insufficient space for existing project.
	      Include the number of individuals using the space. [ ]
	 ☐ Space for additional personnel.
	      Include the number of individuals using the space. [ ]
	 ☐ Accommodate new equipment;
	 ☐ Other (please specify): [ ]

d.	If the start date of your space needs differs from the start date of the sponsored project, please provide the approximate date when your requested space needs will begin. [ ]

6. **Information Technology (IT) support**

Significant information technology components are defined as computing hardware, software, and services that requires IT technical support services, connection to the network, or the purchase of nonstandard hardware or software. **Proposals containing information technology support require consultation with the IT Office at the earliest possible time in the proposal process.**

      a. What support will you need from IT?

            i. Hardware: ☐

            ii. Software: ☐

            iii. Other: ☐

7. **Partnerships**

As an LCTCS institution, BRCC must comply with the LCTCS guidelines for a multi-institutional proposal listed on the LCTCS website. (Link to LCTCS Policy # 1.043 regarding grants)
http://www.lctcs.edu/assets/docs/FinanceAndAdministration/1.043.pdf

Will BRCC be the lead on the grant project if funded?   Choose an item.
Please note that once approval is given to advance a project proposal, letters of support must be received at least one month before proposal deadline and reviewed by the department chairperson, dean, the appropriate vice chancellor, and the Director of the Grant Resource Center.

      a. List who will be the lead or primary institution: ☐

      b. List the sub-recipient(s): ☐

8. **Preliminary Grant Budget**

If you were to be awarded this grant, what might your budget look like? Go to the following link and select Grants Budget Worksheet.
https://www.mybrcc.edu/institutional_advancement/grant_services/index.php

9. **Attach a grant project summary to this checklist providing the executive leadership with a clear explanation of the focus and goals of your project. Include responses to the following questions:**

      a. The main goal of the project and 2 major outcomes.

      b. A description of the project, an explanation of the major activities along with who will be responsible for executing those successfully. Include why do you feel these activities may produce the desired outcomes.

      c. A brief description of staff positions included in the budget and if those positions will have to be sustained by the college after the grant period is over. Include an explanation on how the department proposes to maintain the positions.

      d. If appropriate, describe how this project will support any existing college services.

      e. If space is needed for staff or activities, explain fully the need. For example, if office space is needed and space has been identified as possibly being available, explain where it is and why it is currently available. Include any wiring/technology requirements in this response.

      f. Complete a detailed budget on the Grants Budget Worksheet.

Required Signatures:

Required Signature:

Initiator/Principal Investigator: _____ _____	
Department: _____	Date: _____
Department Chair: _____	
Department: _____	Date: _____
Dean: _____	
Division: _____	Date: _____

If you are Direct Report to the Chancellor, sign in this

Initiator/Principal Investigator: _____ _____	
Department: _____	Date: _____

Grant Resource Center Administrator: _____   Date: _____
<div align="center">Signature</div>

Comments: Date _____

REQUEST: APPROVED ( ) DISAPPROVED ( )	*NEED MORE INFORMATION: ( )

Vice Chancellor for Institutional Effectiveness and Strategic Initiatives:_____Date_____
Comments: Signature
☐ I would like to read the final grant submission.

REQUEST: APPROVED ( ) DISAPPROVED ( )	*NEED MORE INFORMATION: ( )

Vice Chancellor of Academic and Student Affairs, (as appropriate):_____Date_____
Comments: Signature
☐ I would like to read the final grant submission.

REQUEST: APPROVED ( ) DISAPPROVED ( )	*NEED MORE INFORMATION: ( )

Vice Chancellor Finance: _____ Date _____
<div align="center">Signature</div>
Comments:
☐ I would like to read the final grant submission.

REQUEST: APPROVED ( ) DISAPPROVED ( )	*NEED MORE INFORMATION: ( )

Vice Chancellor for Institutional Advancement, BRCC Foundation (if applicable): _____
<div align="right">Signature of Director of External Resources</div>
Comments: Date_____
☐ I would like to read the final grant submission.

REQUEST: APPROVED ( ) DISAPPROVED ( )	*NEED MORE INFORMATION: ( )

Chancellor: _____Date_____
<div align="center">Signature</div>
Comments:
☐ I would like to read the final grant submission.

* If necessary attach additional information to this form. Begin the process with your Department Chair or Supervisor.