

Harford Community College

GRANT APPROVAL FORM

An important part of the grant development process is collaboration with HCC Division Deans and/or Vice Presidents. Faculty wishing to pursue a grant are required to consult with their supervising dean on the project consult before submitting the Grant Approval Form.

1. Grant Project Director/Principal Investigator and Staffing Information

Table with 5 columns: Names, Department, Email, Telephone, Office. It contains three empty rows for data entry.

2. Total Amount Requested from Funding Agency \$ _____

3. Project Title _____

4. Project Period (00/00/0000 to 00/00/0000) _____

5. Agency/Funder Name _____

a. Solicitation Number (CFDA #) if applicable _____

b. Agency type: Federal ___ State ___ County ___ Foundation/Other _____

6. Proposal Type

Concept Paper/Letter of Intent ___ Pre-Proposal ___ New Proposal ___

Renewal/Continuation ___ Fellowship ___ Supplemental ___

7. Subawards/Subcontracts

a. Will part of this project be done by someone outside HCC? _____

b. Will HCC be doing work for another organization? _____

c. If yes, which organization will be the fiscal agent? _____

8. Mailing Information

a. Deadline _____

b. Postmark date _____

c. Copies required for submission _____

d. Send by _____

Electronic submission ___ Hand deliver/Courier ___ FedEx/UPS ___ US Mail ___

Complete address for submission

Name _____

Phone _____

Address _____

City/State/Zip _____

Division authorization is required for grant approval (#9 below for cost-share and/or institutional matching funds; #12 for full approval).

9. Cost-Sharing and Matching Funds Information

<i>Project Match</i>	<i>Cash</i>	<i>In Kind</i>	<i>Budget #</i>	<i>Division/Finance Authorization</i>
Department				
College				
Indirect Waived				
Indirect as Match				

10. Project Checklist (answer all questions appropriate to this proposal)

Percent of faculty or staff time devoted to project	%	Percent of other faculty or staff time devoted to project	%
Is faculty overload approved?	(yes/no)	Is release time approved?	(yes/no)
Will this project pay summer salary?	(yes/no)	Does any faculty or staff member have any conflict of interest or financial interest in project?	(yes/no if yes, complete disclosure form)
Is shared space/facilities approved by appropriate dean and/or vice president?	(yes/no)	Are shared equipment and/or staff approved by appropriate dean, director, or vice president?	(yes/no)

If faculty are applying for re-assignment of teaching hours within the grant project (the grant development period is not eligible for re-assignment), please indicate in the attached summary how your project meets an institutional goal or divisional priority. For re-assignment to be approved, grant must provide for part-time faculty replacement.

12. Department and College Approvals

By signing this form I am certifying that this proposal is consistent with the mission of the division, department, and the College, and that I am in agreement with the scope of work and project budget.

Project Director/PI *Date*

Vice President or Dean *Date*

Foundation Director of Development (if applicable) *Date*

Finance and Administration (if required) *Date*

Vice President for Academic Affairs *Date*

President (if required) *Date*

Attach one copy of the abstract or executive summary and budget summary when submitting this approval form to HCC Institutional Grants Office, Room 118C, Chesapeake. Please submit a copy of the final proposal to the Grants Office after submission.