

## **Instructions:**

Approval of this form is required **before** applying for any state, federal and local grants. If you have any questions about this form please contact Adriana Aldana at the District Grants Office. For any other solicitations from foundations, corporations and individuals please contact the FHDA Foundation (Robin Latta).

### Steps:

- Complete Part 1- College Assessment. Please complete all the fields and submit to your area Vice President.
- Complete Part 2- College/District Assessment. Please complete all the questions and submit along with Step 1 to your Campus Vice President of Finance.
- Attach a copy of the grant proposal and or summary.

## **MAIN ROLES (DEFINITIONS):**

### *Project Director- Principal Investigator (PD/PI):*

Project Director/Principal Investigator is responsible and accountable for overall management of the grant, along with complying to the financial and administrative guidelines outlined in the grant agreement, as well as the policies and procedures established by the District. Duties include coordinating grant work, monitoring budget and expenditures, budget revisions, cost/non-cost extensions, coordinating with sub-awardees on grant goals, and preparing grant reports including financial reports-

### *Financial Manager:*

The Financial Manager assumes the overall managerial and fiscal responsibility of the grant and the individuals who are working on the grant. This is generally a Department's Dean or senior level administrator at the campus pursuing the grant.

### *Grants Office:*

The Grants Office provides oversight from a fiscal stand point and works closely with the PD/PI to provide support and guidance. This includes monitoring grant expenditures are in accordance with the guidelines outlined in the grant agreement as well as the and policies and procedures of the District, preparing ad-hoc financial reports, coordinating budget revisions, expense transfer and other adjustments, invoicing, reviewing and facilitating quarterly and annual grant report and budget report certifications, coordinating with the external auditors on issues related to the grant and over all support, and communicating with granting agency if needed.



**Section 1**

Campus: FH DA CS

Grant/Project Title: \_\_\_\_\_

Grantor: \_\_\_\_\_

Project Director (PD)/Principal Investigator (PI) Name: \_\_\_\_\_

(Note: Project Director or Principal Investigator is the primary individual in charge of the grant.)

PD/PI Extension: \_\_\_\_\_ PD/PI Email: \_\_\_\_\_

Select: Faculty Staff Administrator

Financial Manager Name (Required): \_\_\_\_\_ Extension: \_\_\_\_\_

(Note: Financial Manager is usually the Division Dean and in certain cases the area AVP or VP)

**Section 2**

Grant Amount: \$ \_\_\_\_\_

Submission Deadline: \_\_\_\_\_

Estimated Start Date (MM/YY): \_\_\_\_\_

Estimated End Date (MM/YY): \_\_\_\_\_

Source: Federal State Local Foundation

Type (Check One):

Fiscal Agent

Sub-Awardee/Partner

Fiscal Agent with Sub-awardees

Indicate the No. of Sub-awardees: \_\_\_\_\_

Match Required (Check one) Yes No

If yes, please specify:

In Kind Rate or Amount: \_\_\_\_\_

Cash Rate or Amount: \_\_\_\_\_

Funding source for Match: \_\_\_\_\_

(Provide Department, Program of FOAP that would be funding the match.)

Indirect Allowable (Check one) Yes No

If yes, Indirect Rate \_\_\_\_\_ % (Federal District Rate: 34% on salary & benefits)

**Section 3**

Provide an estimate of the use of grant funds: For reassigned time conversion estimates please contact your Department's Dean

Certificated Salaries & Benefits	\$	Capital Outlay	\$
Classified Salaries & Benefits	\$	Other:	\$
Supplies & Operating Expenses	\$	Indirect	\$
Contracting Services	\$	Total (must equal 100% of grant)	\$

**Student Awards:** Will this project involve student internships, scholarship payments or other type of awards? If yes, please describe \_\_\_\_\_

**Please select all that apply:**

Project will require contract reassignment. Financial Manager/Division Dean is responsible for timely submitting a contract change or F/T faculty reassigned time authorization.

Project will require additional pays for faculty/staff.

**Section 4**

Describe how the grant will align with college goals to support student success, equity and access.

Describe if the project needs to be internally sustained and institutionalized. If so, how and what resources will be used?

**\*\*Please attach copy of grant proposal and summary\*\***

*I certify that the purpose of the proposed grant, outlined above, aligns with the goals and needs of the department, program and/or the purpose of the District.*

*By signing, Principal Investigator and Financial Manager/Division Dean assume the responsibility of the grant maintenance and for complying with District policies and procedures related to Human Resources, Plant Services, ETS, Purchasing and all District related accounting and administrative procedures.*

**\*\* Please obtain the following signatures of approval in the order that they appear\*\***

Title	Print Name	Signature	Date
Project Director (PD)/Principal Investigator (PI)	_____	_____	_____
Financial Manager/Division Dean	_____	_____	_____
Area Vice President	_____	_____	_____

**PRELIMINARY EVALUATION AND GRANT CONCEPT APPROVAL FORM**

Part 2- College/District Assessment

Attach **PRELIMINARY EVALUATION AND GRANT CONCEPT APPROVAL FORM** Part 1- College Assessment

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**DISTRICT SUPPORT:**

**Institutional Research and Planning:** Will this project require sources from Institutional Research and Planning?

Yes No If yes, please describe.

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**Technology:** Will this project result in the purchase of computer hardware, software, or other technology?

Yes No If yes, please describe. Also, will this project require ETS maintenance or support?

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**Facilities** Will this project require additional space, alteration of space, or another facilities support?

Yes No If yes, please describe

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**Human Resources:** Will this project require hiring of TEAs, students or other staff?

Yes No If yes, please describe

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**Business Services:** Please check all the additional services that may be required from Business Services:

Contracts requiring Board Ratification  
Contract(s) over \$90,000 (Board Approval)  
Online Certifications or similar e.g."DocuSign"

District Training/Certifications  
Other (please describe)

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**Approved by:**

College:

\_\_\_\_\_  
Vice President Administrative Services

\_\_\_\_\_  
Date

District:

\_\_\_\_\_  
Vice Chancellor, Business Services

\_\_\_\_\_  
Date