

## PRE-PROPOSAL GRANT CONCEPT FORM

### FOR GRANTS \$100,000 AND UNDER WITH NO PARTNERSHIPS AND MATCH REQUIREMENTS

Please submit the completed form with the required signatures to Hugo Steincamp, grants resource developer, [hugo.steincamp@centralaz.edu](mailto:hugo.steincamp@centralaz.edu), H Building, Room H134, phone 494-5044, fax: 520-494-6958

1. Name(s) of person(s) initiating grant proposal:	10. List all community partners by name, contact person, organization, type of support, and if any match is required:
2. Name(s) of person(s) writing the grant proposal:	
3. Title of grant and funding entity:	11. List anticipated new personnel, facilities, equipment required for successful implementation of grant:
4. Who will manage the funded grant project?	<u>Personnel</u>  <u>Facilities</u>  <u>Equipment</u>
5. Amount of funding sought:	12. Briefly describe the project you wish to fund, identify which of the College's strategic goal(s) the project addresses, and outline how it addresses the goal(s):
6. Application due date:	
7. Are matching funds required? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: cash amount: \$ _____ Identify source(s)/budget code(s)	
8. Grant period:	
9. In-Kind support (current College personnel, facilities, equipment to be used). List all by percent of time to be spent on grant OR actual dollar amount	
<u>Personnel</u>  <u>Facilities</u>  <u>Equipment</u>	<i>Attach additional paper if necessary</i>

*PLEASE ATTACH THE REQUEST FOR PROPOSAL (RFP) FOR THE GRANT*

Your Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Grants Review Committee: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Committee Chair: \_\_\_\_\_