

Texas College



AUTHORIZATION TO APPLY FOR GRANT OR CONTRACT

| | |
|--------------------|---|
| APPLICATION STATUS | DATE DUE _____ |
| ___ New | FUNDING AGENCY _____ |
| ___ Continuation | AMOUNT REQUESTED _____ |
| ___ Renewal | FUNDING PERIOD _____ |
| ___ Revision | Matching Funds Required Yes No (Indicate Percent Amount) _____ |

1. PROPOSAL(S) TITLE _____

2. LIST PROPOSED MAJOR GOAL(S)

3. CHECK MOST APPROPRIATE FUNDING CATEGORY

- | | |
|--|----------------------------|
| ___ Community Outreach/Service Program | ___ Equipment Request |
| ___ Demonstration/Pilot Project | ___ Curriculum Improvement |
| ___ Facilities Request | ___ Teaching Improvement |
| ___ Faculty Development | ___ Research Project |
| ___ Technology | ___ Other |

| | |
|---------------------------------------|----------------------|
| Proposed Author(s) _____ | Telephone Ext. _____ |
| Department/ Administrative Unit _____ | E-Mail Address _____ |

4. OTHER PERTINENT PROGRAM AND FISCAL BACKGROUND DATA

*Any new staffing requirements? ____ Yes ____ No. If yes, list positions to be filled and give percent of time for each position.

| <u>Position</u> | <u>% Time</u> |
|-----------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Use additional sheet if necessary)

- ❖ Will current employee be needed to ensure success of the project? ____ Yes ____ No
If yes, will release-time or supplemental pay be required in the proposed budget? ____ Yes ____ No
- ❖ Will student(s) be employed by the project? ____ Yes ____ No
If yes, indicate the approximate number _____ and length of time (in months) _____
- ❖ Will scholarship or stipend support be provided under the proposed project? ____ Yes ____ No

5. ADMINISTRATIVE ISSUES

- ❖ Is indirect cost or overhead allowed by the sponsoring agency? ____ Yes ____ No
If yes, please indicate percent _____
- ❖ Will matching funds be required? ____ Yes ____ No
If yes, indicate the minimum amount _____ and the allowable source(s):
_____ Cash _____ In-Kind _____ Other Sources
(as partners for the project)

Please list potential source(s) of matching funds _____

- ❖ Are there other requirements? ____ Yes ____ No
Facilities (offices, classrooms, buildings) ____ Yes ____ No
Equipment (computers, furnishings) ____ Yes ____ No
Information Technology Resources (Internet access, technical support) ____ Yes ____ No
Services (library resources, food, housing, transportation) ____ Yes ____ No
Other (please list) _____

6. REQUIRED REVIEW PROCESS

| | | | |
|----------------------------|------|--|------|
| _____ | Date | _____ | Date |
| Author | | Vice President for Intuitional Advancement | |
| _____ | Date | _____ | Date |
| Immediate Supervisor | | Vice President for Business and Finance | |
| _____ | Date | _____ | Date |
| Appropriate Vice President | | Sponsored Programs Director | |
| | | _____ | Date |
| | | Executive Vice President | |

**Note: When all signatures have been secured, please forward to the President for final approval.
 WHEN THIS FORM HAS BEEN SIGNED BY THE PRESIDENT, PLEASE FORWARD TO THE OFFICE
 OF SPONSORED PROGRAMS.**

| | |
|---------------------------------|------------------|
| _____ | Approved |
| _____ | Disapproved |
| _____ | Action Requested |
| (indicate below desired action) | _____ |
| | President |
| | _____ |
| | Date |