



GRANT PRE-CERTIFICATION FORM

This form document must be submitted as soon as an employee decides to submit a grant and serves is to provide adequate time for discussing the grant components, budget, match, cost- sharing issues, the formulation of the grant management plan, consistency with the state/institutional accounting and budgeting guidelines, determination of compatibility with institutional priorities and assessment of other institutional commitments required.

Principal Investigator: _____ Phone: _____

Department: _____

Title of Proposed Grant: _____

Funding Agency: _____ Submission Deadline: _____

Agency Type (Select One): Federal State Other

For Federal Grants	CFDA No: _____ Funds are (select one): <input type="checkbox"/> Direct from Federal Agency <input type="checkbox"/> Provided through Pass-Through Agency (Please Specify: _____)
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Grant Basics: You may attach responses to the below two questions as separate documents if preferred.

Project Summary: Briefly describe the major goal(s) and activities that will help you achieve those goals.

Preliminary budget: Please provide any budget details you know at this time.

Budget Considerations: Please select Yes/No for each item below. For any item answered YES, please provide additional details.

YES or NO: The grant is a multi-year commitment. If yes, check which option applies:

- The grant will be funded for the entire period.
- The grant must be renewed each year.

YES or NO: The grant requires funding be matched. If yes, please describe who is responsible for the matching funds (the College or another organization) and the type of match (dollar-for-dollar, facilities, in-kind, personnel). Please provide as much detail as possible.

YES or NO: The grant obligates the College to continue the project or project certain components when grant funding ends. If yes, please describe how the work will be funded when grant funding ends.

YES or NO: The grant requires release time for employees. If yes, please list which employees would require release time and how that release time will be funded.

YES or NO: The grant will provide funding for students. If yes, check all that apply:

- Students will receive an hour wage.
- Students will receive a stipend/scholarship.
- Students will receive course credit.

If yes, please briefly describe the nature of student responsibilities.

Signatures: Signatures on this form signify agreement to permit the Principal Investigator and any Co-PI(s) to proceed with formulation of the grant proposal. Your signature below does not imply authorization or commitment of funds, resources, equipment, personnel, etc. for this project.

Principal Investigator: _____ Date: _____

Co-PI(s): _____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Faculty: After obtaining the above signatures, in addition to department chair and school dean, submit this form to the Office of Academic Affairs for further review by Academic Affairs and Business Affairs.

Department Chair (of PI): _____ Date: _____

School Dean (of PI): _____ Date: _____

VP Fiscal Affairs: _____ Date: _____

VPASA: _____ Date: _____

Staff: After obtaining all PI/co-PI signatures, submit this form to your supervisor for approval and then to your Division VP and to Business Affairs for further review.

Supervisor: _____ Date: _____

Division VP: _____ Date: _____

VP Fiscal Affairs: _____ Date: _____