SEMINOLE STATE COLLEGE
GRANT APPLICATION PRE-APPROVAL FORM

Purpose and Importance of this Form: All staff and/or faculty members wishing to submit a grant proposal must complete this form as it enables SSC Administration to stay informed and give approval for potential grant projects. Completion of the form is therefore required **BEFORE** beginning a grant application. This form will also help to ensure that you have the necessary approvals for committing matching funds.

Please return the completed form with all necessary signatures to the Director of Grants and Compliance, Room 102 in the Scott building. A completed Grant Application Pre-Approval Form is required before beginning the proposal. Please note: renewal grants with a matching requirement must have an *APPROVED* Grant Application Pre-Approval Form before you begin a grant application.

Please attach a summary of your anticipated grant application and the grant request for proposal instructions.

Prepared by:_____
                    Print Name   Signature   Date

Prepared by:_____
                Print Name (if different from above)   Signature   Date

PROJECT OVERVIEW

Project Type: ◯ New   ◯ Renewal   ◯ Other (Please explain): _____

_____

Project Title: _____

Name of Grantor: _____

RFP/Grant Opportunity Title: _____

Grant Application Deadline: _____Anticipated Start / End Date: _____

Brief Project Description: _____

_____

How does it help SSC's mission? _____

Who will be writing the proposal? _____

Are proposal writing workshops required? _____ Anticipated yearly budget? _____

** A MOU will be required if a consultant is writing the proposal. If so, what is the estimated cost?_____

Please attach a summary of your anticipated grant application and the grant request for proposal instructions.

PROPOSED BUDGET

	Year 1 FY:	Year 2 FY:	Year 3 FY:	Year 4 FY:	Year 5 FY:	Grand Total
Requested Grant Funds						
SSC Match						
Other Match						
Total Project Costs						

Will the College be expected to continue activities after grant funds are expended? ◯ Yes ◯ No

If yes, please explain, indicating the source of funds that will be used to sustain the project FTE revenue, other grants:

_____

Will this require new positions/employees? ◯ Yes ◯ No   If yes, how many new positions/employees? _____

MATCH REQUIREMENTS

Matching Funds Required: ◯ Yes (You must complete ALL of the following questions/sections)

◯ No   (You may skip the following questions; however, you still need to complete the required approvals section)

Indicate the % of project funds that will be covered by the grant vs. matching funds: Grant:_____% Match:_____%

Funding agency will accept: ◯ Cash ◯ In-kind (staff time, supplies, etc.) ◯ Donations ◯ Other (Specify): ___

_____

Other important requirements/specifications relating to matching funds (ex. eligible sources, timing, etc): _____

_____

_____

REQUIRED APPROVALS

_____   _____
Immediate Supervisor   Date   Area Vice President   Date

_____   _____
Sr. Director of Grants and Compliance   Date   Vice President of Fiscal Affairs   Date

Revised 02/06/2024