

This form is required for all proposals submitted on behalf of Mountwest Community & Technical College. This form must be approved prior to the submission of a grant proposal.

Contact Information		Principal Investigator	Co-Investigator
	Applicant Name:		
	Title:		
	Division/Department:		
	Mountwest Email:		

Time & Budget Information	Initial Project Period: ___/___/___ to ___/___/___		Initial Request: \$		
	Entire Project Period: ___/___/___ to ___/___/___		Total Project Request: \$		
	PROPOSAL BUDGET SUMMARY				
	All proposals must include a complete budget reflecting full costs of the project. Any costs not reimbursed by the sponsor must be clearly identified along with the source(s) of funds to cover them. <u>A detailed proposal budget and narrative must be attached.</u>				
	Are indirect costs available through this funding opportunity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, does the sponsor limit indirect costs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, what is the indirect cost limit specified?				
	Does this project require cost sharing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If yes, what are the sponsor's guidelines?				
	COST SHARING* (describe below)				
	Sponsor	MCTC In-Kind	MCTC Cash	Third Party	TOTAL
	Personnel				
	Other Direct Costs				
	Equipment				
	Indirect Costs				
	TOTAL				
	Description of Cost Sharing	Amount	Fund/Org.	Approval of Fund Manager	

Resource Information	Physical location of proposed activity:	Building:	Room:
	Does the project:		
	1. Involve additional faculty/staff other than those of the PI or Co-PI? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2. Require additional personnel, lab and/or office space? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3. Require renovation of existing space? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4. Disclose confidential information? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	5. Obligate Mountwest to funding beyond the project period? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	6. Require the establishment of new academic programs? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	7. Expect to generate revenue? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	8. Provide for a subcontract? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Require IT support in excess of typical services provided? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Is the College President's signature required for submission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

REVIEW & APPROVAL

The signatures below indicate review and approval of the attached proposal and the items specified in this Grant Approval Form. Signatures must be secured in the order listed below.

1. Principal Investigator	Date	3. PI's Dean	Date
2. Co-Principal Investigator	Date	4. Co-PI's Dean	Date
5. VP of Academic Affairs	Date	6. HR & Employee Development Director	Date
7. Director of Development	Date	6. CFO	Date
7. President	Date		

For questions, contact Sheanna Spence, Director of Development
Suite 417B | p 304.710.3271 | f 304.710.3187 | spences@mctc.edu