

LOS RIOS COMMUNITY COLLEGE DISTRICT GRANTS OFFICE: GRANT SUBMISSION & ACCEPTANCE FORM

(Instructions provided on the opposite side of this form.)

Grants Office Use Only	
Date Received Part I & II:	____/____/____
Date Received Part III:	____/____/____
District File Number: #	_____

PART I: GENERAL INFORMATION

Complete Part I. Proceed to Part II for grant submission. Part III is to be completed when the project is funded and grant/contract acceptance is requested. Submit the complete signed form for submission or acceptance to the Grants Office. Questions? Call the Grants Office at 568.3130.

College/Unit	<input type="checkbox"/> ARC <input type="checkbox"/> CRC <input type="checkbox"/> FLC <input type="checkbox"/> SCC <input type="checkbox"/> WEDC <input type="checkbox"/> DO			
Grant Program Name				RFA/RFP/CFDA #
Proposal Type	<input type="checkbox"/> Competitive <input type="checkbox"/> Renewal <input type="checkbox"/> Categorical Allocation/Noncompetitive			
Project Title				
Project Director				Phone
Responsible Administrator				Phone
Funding Agency				
Type of Funding Agency	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private/Foundation <input type="checkbox"/> Other/Describe: _____			

PART II: GRANT PROPOSAL SUBMISSION

Attach the following: Proposal (including budget), RFA/RFP (if requested by Grant Accounting)

PART III: GRANT ACCEPTANCE

Attach the following: Award notification, Budget (if revised from submission)

Application Deadline: _____	<input type="checkbox"/> Postmarked <input type="checkbox"/> Delivered	Submission Deadline: _____	<input type="checkbox"/> Postmarked <input type="checkbox"/> Delivered
Submit Application To: (Provide Contact Person & Address)		Submit Approved Contract To: (Provide Contact Person & Address)	
Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery	Delivery of Proposal: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver	Form of Delivery: <input type="checkbox"/> Mail <input type="checkbox"/> Hand-Delivery	Delivery of Contract: <input type="checkbox"/> Grants Office Delivery Requested <input type="checkbox"/> College/Unit Will Pick Up & Deliver
Amount Requested: _____	Period of Request: _____	Amount of Award: \$ _____	
Direct Costs: \$ _____	<input type="checkbox"/> One year	Attach revised budget if different from amount requested in Part II.	
Indirect Costs: \$ _____	<input type="checkbox"/> Other (specify) _____	Is revised budget attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Costs: \$ _____	Indirect Cost Rate: _____ %	Board Approval Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Match Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Specify: <input type="checkbox"/> Cash <input type="checkbox"/> In-Kind		
If Cash. Specify Source & Amount: _____			

Project Start Date: _____	Project End Date: _____	Project Start Date: _____	Project End Date: _____
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Approval:

College President _____ Date: _____
 Fiscal Services _____ Date: _____
 Vice Chancellor _____ Date: _____
 (Fiscal Review Contact: _____)

Approval:

College President _____ Date: _____
 Fiscal Services _____ Date: _____
 Personnel (if applicable) _____ Date: _____
 Legal (if applicable) _____ Date: _____
 Vice Chancellor _____ Date: _____

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____
 College Copy Sent To: _____ Date: _____
 Fiscal Copy Sent To: _____ Date: _____

Grants Office Use Only - Distribution

Funding Agency/Contact: _____ Date: _____
 College Copy Sent To: _____ Date: _____
 Fiscal Copy Sent To: _____ Date: _____
 Date Approved by Board: _____

Comments:

Comments:

