

Jackson State Community College

Grant Concept Approval Form

Faculty/staff interested in proposing activities supported by external agencies must review their proposal with their supervisor **BEFORE** initiating the application process. Approval of this form will be required prior to the completion of the application and submission to the external agency.

Principal Investigator _____

Project Director (if different) _____

Project Title _____

Project Concept Attach a 1-page (or less) overview of your project concept, addressing the following:

1. How does this project fit into the College Mission, goals, and objectives?
 2. Indicate how this project will address a specific campus issue.
 3. Who will benefit from your proposed project? What will be the major project activities?
 4. What is the potential impact on the college? (work schedule; staff; equipment; space required; FTE)
 5. Is this a multi year project?
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General Information

Funding Source: _____

Projected Budget Total \$ _____

Projected Period _____

Proposal Due Date: _____

Matching Requirement \$ _____

☐ Cash ☐ In-Kind

Release Time Needed Y N

Matching Source _____

I have reviewed the proposal and agree that it should be submitted.

Signatures:

Department Head _____ Date _____

Sponsored Programs Officer _____ Date _____

Vice-President (for area) _____ Date _____

Vice-President (FAA) _____ Date _____

President _____ Date _____