

GRANT INQUIRY FORM

Please complete this form and attach a one-page program/project description that states the scope and need for the project/program including how it supports the NVCC Strategic Plan and what NVCC resources may be required. Forward hard copies of these documents to Development/Grants Office Room K720 for approval at least one month before the white papers (if applicable)/grant proposal are/is due along with a hard copy of the grant guidelines or the request for proposal (RFP).

Name of person(s) preparing the grant:			_
Department:	Phone:	Email:	_
Date White Papers are due (if applicable):	Date Grant is due:		-
Name of funder:			
Proposed name of program/project:			
Amount Requested \$NVCC Match required?YesNo If yes, amount: \$			
Funding period for the grant:			
The grant guidelines/RFP will state if applicant must be a 501 (c) (3). If required, please check Foundation Grant submitted byCollegeFoundation If there is a collaborating agency, please list name			
If collaborating what is the projected amount of fund	ds to NVCC? \$		
Supervisor's RecommendationYesNo	Provisional (explain)		
Comments:			
Print Name	Date	Initial	
Dean's RecommendationYesNo	Provisional (explain)		
Comments:			
Printed Name	Date	Initial	
DEVELOPMENT OFFICE USE ONLY			
Grants Committee Co-Chair: Mitch Holmes			
Recommendation:YesNoPro	ovisional (explain)		
Comments:			
Print Name:	Date	Initial	
Interim Dean of Administration: Dana Elm			
RecommendationYesNoProvis	sional (explain)		
Comments:			
Print Name	Date	Initial	
President: Daisy Cocco De Filippis			
RecommendationYesNoProvis	sional (explain)		
Comments:			
Print Name	Date	Initial	