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? ___Yes ___No 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 by _____College _____Foundation

If there is a collaborating agency, please list name ____________________ _______________________________________

If collaborating what is the projected amount of funds to NVCC? $___________________________________________

Supervisor’s Recommendation ___Yes ___No _____Provisional (explain) ______________

Comments: __________________________________________________________________________________________

Print Name_____________________________________________ Date__________________ Initial________________

Dean’s Recommendation ___Yes ___No _____Provisional (explain) ______________

Comments: __________________________________________________________________________________________

Printed Name__________________________________________ Date__________________ Initial________________

DEVELOPMENT OFFICE USE ONLY

Grants Committee Co-Chair: Mitch Holmes

Recommendation: _____Yes ___No _____Provisional (explain) ______________

Comments: __________________________________________________________________________________________

Print Name__________________________________________ Date__________________ Initial________________

Interim Dean of Administration: Dana Elm

Recommendation ___Yes ___No _____Provisional (explain) ______________

Comments: __________________________________________________________________________________________

Print Name__________________________________________ Date__________________ Initial________________

President: Daisy Cocco De Filippis

Recommendation ___Yes ___No _____Provisional (explain) ______________

Comments: __________________________________________________________________________________________

Print Name__________________________________________ Date__________________ Initial________________