Preliminary Grant Proposal Form

Please return completed form with all required signatures to the PCC Office of Sponsored Programs.

1. Title of Grant:

2. PCC Division/Area of proposal’s focus:

3. Abstract
   Please type the project/initiative abstract in this space. Attempt to limit the abstract to one half to two thirds of a page single-spaced.

4. Submission deadline: Date of Project Proposer’s Notification to OSP:

5. Grant start date: Grant end date: Award Amount:

6. Proposed project development team members:

7. Funding agency and their website or contact information:

Proof of communication on the grant with the facility, information technology, budget, and IRB offices is required and is to be accompanied with this form.

8. FACILITY Requirements: Project Proposer or Supervisor is to explain requirements and document follow up with Director of Facilities/VP, Administrative Services.

9. INFORMATION TECHNOLOGY Requirements: Project Proposer or Supervisor is to explain requirements and document follow up with AVP of OITS/ VP, Administrative Services.

10. BUDGET Requirements: Project Proposer or Supervisor is to explain requirements and document follow up with Chief Financial Officer.

11. Institutional Review Board Requirements: Project Proposer or Supervisor is to explain requirements with the Office of Sponsored Programs.

Signatures Required for Approval of Proposal Submission

PCC Project Proposer_______________________________________________ Date:____________

Immediate Supervisor________________________________________________ Date:____________

PCC Employee Responsible for Submitting Grant Reports to Agencies/Business Office/Grants
Office______________________________________________________________________

If the grant is submitted from Academic Affairs, the Department Chair and Dean must approve.

Dept. Chair_________________________________________________________ Date:____________

Dean______________________________________________________________ Date:____________

The following required signatures indicate final approval to proceed with this grant proposal:

Proposer’s Vice President ____________________________________________ Date:____________

AVP, Information Technology & Svcs___________________________________ Date:____________

Chief Financial Officer______________________________________________ Date:____________

Vice President, Administrative Services_________________________________ Date:____________