

Grant Concept Pre-Approval Form

This form <u>must</u> be completed and approved with signatures before the Grants Office can proceed with the external funding request.

| Projected Total Budget Are matching funds required? No Yes If yes, source of Matching Funds: Project Director and Other Key Personnel Name Title Submitted by: Bignature Name/Title | Project Title or Grant Program N | ame: | |
|---|----------------------------------|---|-------------|
| Project Budget Project Budget Project Budget Project Budget Project Director and Other Key Personnel Name Name/Title Project period from: to: 1. Does this project align with the College's mission, Strategic Goals, or President's Priorities? Yes No 2. Does this project address a specific need at Harper College? Yes No 3. Will this project have positive impact on students, the College, or the community? Yes No Not Sure 4. Does Harper have the required capacity and expertise to pursue this opportunity? Yes No Not Sure Project Summary (provide high-level summary of project) Project Need and Objectives (provide high-level need statement and projected objectives) Project Budget Project Budget Project Total Budget Project Other Key Personnel Name Title Submitted by: Signature Name/Title | Department: | Funder, if known: | |
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| 2. Does this project address a specific need at Harper College, or the community? 3. Will this project have positive impact on students, the College, or the community? 4. Does Harper have the required capacity and expertise to pursue this opportunity? Project Summary (provide high-level summary of project) Project Need and Objectives (provide high-level need statement and projected objectives) Resources Needed (identify Harper resources and other new resources needed) Project Budget Project Budget Are matching funds required? No Yes If yes, source of Matching Funds: Project Director and Other Key Personnel Name Title Submitted by: Signature Name/Title | Proposal Due Date: | Project period from: to: | |
| 3. Will this project have positive impact on students, the College, or the community? 4. Does Harper have the required capacity and expertise to pursue this opportunity? 4. Does Harper have the required capacity and expertise to pursue this opportunity? 4. Does Harper have the required capacity and expertise to pursue this opportunity? 4. Does Harper have the required capacity and expertise to pursue this opportunity? 4. Does Harper have the required capacity and expertise to pursue this opportunity? 4. No Not Sure Project Summary (provide high-level need statement and projected objectives) Resources Needed (identify Harper resources and other new resources needed) Project Budget Are matching funds required? Are matching Funds: Project Director and Other Key Personnel Name Title Submitted by: Signature Name/Title | | | 'es No |
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| Signature Name/Title Date | Name | Title | |
| Signature Name/Title Date | | | |
| Date | Submitted by: | | |
| | Signature | Name/Title | |
| | Date | | |
| | | stain cignatures hefore submitting to the Crente Office | |

Dean/Lead Administrator

Dean/Lead Administrator

Executive Council Member

Date

Note: Executive Council Members include the Provost for academic programs, the VP of Workforce Solutions for Community Education programs, and the Chief Advancement Officer for Foundation projects. If you are unsure ask your lead administrator or contact the Grants Office.