

Proposal Approval Summary Form

This form must be completed, returned to the Grants Office, and reviewed by President's Cabinet before submitting a grant proposal. If you have any questions regarding this form or the proposal development process, please contact the Grants Office at grants@mtsac.edu.

Contact Information

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|--------------|--|------------|--|
| Project Lead | | Department | |
| Email | | Phone | |

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| Project Co-Lead | | Department | |
| Email | | Phone | |

Funding Opportunity Details

| | | | |
|-------------------------------------|--------------------------------|----------------------------------|--|
| Opportunity Name | | | |
| Sponsoring Agency | | | |
| Pass-through Entity (if applicable) | | | |
| Sponsor Type | <input type="checkbox"/> Local | <input type="checkbox"/> State | <input type="checkbox"/> Federal <input type="checkbox"/> Private |
| Proposal Type | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment |
| Submission Deadline | | | |

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|---------------------|--|-------------------|--|
| Funding Amount | | Project Duration | |
| Proposed Start Date | | Proposed End Date | |

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|--|--|--|
| Does the opportunity require 501(c)(3) status? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, the project team must coordinate the submission with the Mt. SAC Foundation. |
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|---|--|------------------------------------|--|
| Are indirect costs allowed? (check appropriate box) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Indirect Cost Rate (if applicable) | |
|---|--|------------------------------------|--|

| | | | |
|--|--|------------------------------|--|
| Is match required? (check appropriate box) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Match Amount (if applicable) | |
| If match is required, how do you intend to satisfy this requirement? | | | |

Project Summary

Use the following prompts to provide an overview of the proposed project. If desired, attach additional information to this form.

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| <p>Project Description</p> <p>What need will the project address? What activities will be implemented?</p> | |
| <p>Expected Outcomes</p> <p>What are the project's expected benefits/outcomes?</p> | |
| <p>Partners</p> <p>If applicable, list partners and their roles in the project. Will Mt. SAC issue sub-awards to any of these partners?</p> | |
| <p>Budgetary Needs</p> <p>Describe the project's budgetary needs. For personnel costs, specify the type (e.g., faculty reassigned time/overload, short-term hourly, student hourly).</p> | |
| <p>Sustainability Plan</p> <p>What is the plan for continuing grant activities beyond the project period?</p> | |

Assurances

- ☐ As the Project Lead, I acknowledge the responsibility associated with this role and will conduct the proposed project in accordance with the terms and conditions of the sponsoring agency and the policies of the College.
- ☐ If the proposal described herein is funded and accepted by the College, I will be responsible for meeting the requirements of the award, including, but not limited to, providing the proper stewardship of sponsored funds and submitting all required progress reports and deliverables on a timely basis.
- ☐ If sponsored funds are used for personnel, I understand that the College makes no ongoing commitment beyond the project period.
- ☐ Where funds are requested for lecture hour equivalents, I have reviewed this request with my Educational Administrator, and they support the reassignment/overload request. (Skip this assurance if not applicable.)

Michelle Nava

Signature of Project Lead

Date

Title

Approval

Approvals represent general approval of details outlined in the project summary, but they do not represent specific approval of personnel titles, classifications, salary rates, or other issues governed by College policy and collective bargaining agreements.

Karelyn Hoover

Signature of Responsible Administrator

4/3/2024

Date

Dean, Humanities & Social Sciences

Title

Kelly M. Fowler

Signature of Responsible Vice President

4/3/2024

Date

Vice President of Instruction

Title

Review by President's Cabinet

| | |
|----------------|---|
| Date of Review | <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Denied |
| | |
| Comments | |

Guidance for Completing Proposal Approval Summary Form

Contact Information: Enter the name, department, email, and phone number for the individual who will lead the implementation of the proposed project. If there is a co-lead, also provide the contact information for this individual.

Opportunity Name: Enter the name of the funding opportunity for which you are applying. Examples include: Advanced Technological Education, Humanities Initiatives at Community Colleges, Los Angeles Scholars Investment Fund, and California Apprenticeship Initiative.

Sponsoring Agency: Enter the name of the agency sponsoring the funding opportunity. Examples include: U.S. Department of Education, California Community Colleges Chancellor's Office, and Lumina Foundation.

Pass-through Entity: If Mt. SAC will be partnering (sub-award) with another lead applicant, enter the name of the lead applicant as the pass-through entity. Examples include: California State Polytechnic University Pomona, University of La Verne, and University of California Riverside.

Sponsor Type: Check the appropriate box regarding the type of sponsoring agency.

Proposal Type: Check the appropriate box regarding the type of proposal. "New" refers to proposals being submitted for the first time. "Renewal" refers to proposals that have been previously awarded and require periodic submissions to maintain funding. "Resubmission" refers to proposals that have been previously submitted but not awarded. "Amendment" refers to proposals that are requesting augmentations to existing funding agreements.

Submission Deadline: Enter the date when the grant application is due.

Funding Amount: Enter the amount requested for the entire proposed grant period.

Project Duration: Enter the length of the project (e.g., 18 months, 5 years).

Proposed Start Date: Enter the date when your project will commence.

Proposed End Date: Enter the date when your project will conclude.

501(c)(3) Status: Check the appropriate box regarding the program's 501(c)(3) requirements. If the funding opportunity requires 501(c)(3) status, the Grants Office will assist the project team in coordinating with the Mt. SAC Foundation.

Indirect Costs Allowed: Check the appropriate box regarding the program's allowability of indirect costs. Indirect costs may also be referred to as facilities and administrative (F&A) costs.

Indirect Cost Rate: If indirect costs are allowed, enter the rate specified in the funding opportunity notice.

Match Requirement: Check the appropriate box regarding the program's matching requirements.

Match Amount: If match is required, enter the amount.

Match Description: If match is required, describe how you will satisfy this requirement.

Project Description: Provide a brief description of the project, including the need or problem being addressed and the proposed activities.

Expected Outcomes: Enter the project's expected benefits and outcomes, which may include impacts on the institution, students, disciplines, departments, faculty, the workforce, the community, etc.

Partners: Describe any partners, both internal and external, and their specific roles in the project. Indicate if Mt. SAC will issue sub-awards to any of these partners.

Budgetary Needs: Enter the anticipated budgetary needs, which may include personnel, fringe benefits, supplies, software, travel, consultants, equipment, facilities, student aid, etc. For personnel costs, specify type (e.g., faculty reassigned time/overload, classified, management, short-term hourly, student).

Sustainability Plan: Specify if the funding agency require activities/personnel to be institutionalized beyond the grant period. Describe the project's plan for sustaining grant activities when the grant ends.

Assurances: The Project Lead will acknowledge the assurances by checking each box and adding the signature, date, and title.

Approval: Obtain the signature of the responsible administrator for the project (e.g., dean) and the responsible vice president, and then return the completed form to the Grants Office.

Review by President's Cabinet: The Grants Office will share the completed form for consideration at the next President's Cabinet meeting. If approved, the Grants Office will contact the Project Lead to commence proposal development.