

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.

Principal Investiga	ator/Project	Director			
Name			Department		
Email			Phone		
Other Project Coll	aborators				
Name			Department		
Name			Department		
Name			Department		
Name			Department		
Funding Opportur	nity Details				
Opportunity Name					
Sponsoring Agency					
Pass-through Entity (if applicable)					
Sponsor Type	□ Local	□ State	□ Federal		Private
Proposal Type	□ New	□ Renewal	□ Resubmissi	ion 🗆	Amendment
Submission Deadline					
Funding Amount			Project Duration		
Proposed Start Date			Proposed End Date		
Does the opportunity require 501(c)(3) status?	□ Yes	□ No	If yes, the project tea submission with the		
Are indirect costs allowe (check appropriate box)	d? ☐ Yes	□ No	Indirect Cost Rate (if applicable)		
Is match required? (check appropriate box) If match is required, how do you intend to satisfy this requirement?	☐ Yes	□ No	Match Amount (if applicable)		

Project Summary

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

Project Description What need will the project address? What activities will be implemented?	
Evmosted Outcomes	
Expected Outcomes What are the project's expected benefits/outcomes?	
Partners	
If applicable, list partners and their roles in the project. Will Mt. SAC issue sub-awards?	
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Budgetary Needs Describe the project's budgetary needs. For personnel, specify type(s). For faculty reassignment/ overload requests, specify the names and planned allocation of time.	
Sustainability Plan	
What is the plan for continuing grant activities beyond the project period?	

			associated with this role and will conduct I conditions of the sponsoring agency and
	meeting the requirements of the aw	vard, including, but	ed by the College, I will be responsible for a not limited to, providing the proper quired progress reports and deliverables
	If sponsored funds are used for per commitment beyond the project pe	•	nd that the College makes no ongoing
	Where funds are requested for lectu Educational Administrator, and the	_	ts, I have reviewed this request with my signment/overload request.
	nature of Project Lead		
Sig	nature of Project Lead	Date	Title
A	pproval		
rep by	present specific approval of personne College policy and collective bargain	el titles, classification	n the project summary, but they do not ons, salary rates, or other issues governed
	Devise Bailey mature of Responsible Administrator	8/30/24	Dean, Natural Sciences Division
Sig	nature of Responsible Administrator	Date	Title
	Keely M. Fowler	9/5/24	VPI
Sig	nature of Responsible Vice President	Date	Title
_			
K	Review by President's Cabinet		
D	ate of Review	☐ Approved	
		☐ Conditionally	Approved
		□ Denied	rr ·
_		•	
C	omments		
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Assurances

Guidance for Completing Proposal Approval Summary Form

Principal Investigator/Project Director: Enter the name, department, email, and phone number for the individual who will lead the implementation of the proposed project.

Other Project Collaborators: Enter the names and departments of any other project collaborators. If you need additional space, please attach the list to this form.

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). For faculty reassignment/overload requests, specify the names and planned allocation of time for each person.

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.

DRAFT Budget Request - NSF HSI Equitable Transformation in STEM Education - 2/1/2025-7/31/2027

Senior Personnel	Year 1	Year 2	Year 3	Total
Eugene Mahmoud, Principal Investigator (reassigned): 2 semesters x 3 lecture hour equivalents				
(LHE)/semester x \$2,114.50/LHE in Years 1-2; 1 semester in Year 3. Includes an estimated 3%				
cost of living adjustment (COLA) annually.	12,687	13,067	6,730	32,484
Carolyn Robinson, Faculty Collaborator (reassigned): 2 semesters x 1 LHE/semester x				
\$2,012.40/LHE in Years 1-2; 1 semester in Year 3. Includes an estimated 3% COLA annually.	4,025	4,146	2,135	10,306
Total Senior Personnel	16,712	17,213	8,865	42,790

Other Personnel	Year 1	Year 2	Year 3	Total
Faculty to participate in initiatives that transform student experiences at the classroom level,				
campus level, or across a transfer partnership: 32 hours x \$67.08/hour. Includes an estimated				
3% COLA annually.	2,147	2,211	2,277	6,635
Student Assistant, Level III: 44 weeks x 5 hours/week x \$19/hour in Years 1-2; 22 weeks in				
Year 3	4,180	4,180	2,090	10,450
Total Other Personnel	6,327	6,391	4,367	17,085

Fringe Benefits	Year 1	Year 2	Year 3	Total
Senior Personnel and Faculty: 19.1% California State Teachers' Retirement System, 1.45%				
Medicare, 0.05% state unemployment insurance, 1.31% workers' compensation (WC)	4,132	4,255	2,441	10,828
Student Assistant: 1.31% WC	55	55	27	137
Total Fringe Benefits	4,187	4,310	2,468	10,965

Equipment	Year 1	Year 2	Year 3	Total
No request	-	-	-	-
Total Equipment	-	-	-	-

Travel	Year 1	Year 2	Year 3	Total
Travel - Foreign: PI to attend American Society for Engineering Education Conference in				
Montreal, Quebec, Canada, in June 2025: \$775 registration, \$468 roundtrip airfare, \$131				
ground transportation, lodging for 4 nights x \$260/night, meals & incidentals for 5 days x				
\$95/day	2,889	-	-	2,889
Travel - Domestic: PI to attend American Society for Engineering Education Conference in				
Charlotte, NC, in June 2026: \$775 registration, \$589 roundtrip airfare, \$91 ground				
transportation, lodging for 4 nights x \$168/night, meals & incidentals for 5 days x \$69/day	-	2,472	-	2,472

Travel - Foreign: PI to attend American Society for Engineering Education Conference in				
Toronto, Ontario, Canada, in June 2027: \$775 registration, \$554 roundtrip airfare, \$134				
ground transportation, lodging for 4 nights x \$286/night, meals & incidentals for 5 days x				
\$95/day			3,082	3,082
Travel - Domestic: PI to attend California Engineering Liaison Council Spring and Fall Meetings				
(2 meetings in Years 1-2; 1 meeting in Year 3): \$150 registration, \$195 roundtrip airfare, \$100				
ground transportation, lodging for 2 nights x \$195/night, meals & incidentals for 3 days x				
\$86/day	2,186	2,186	1,093	5,465
Total Travel	5,075	4,658	4,175	13,908

Participant Support Costs	Year 1	Year 2	Year 3	Total
No request	-	-	-	-
Total Participant Support Costs	-	-	-	-

Other Direct Costs	Year 1	Year 2	Year 3	Total
Materials and Supplies: promotional, non-instructional, and food supplies for Faculty Learning				
Lounge	3,000	3,000	3,000	9,000
Consultant Services: advisors to provide research and evaluation expertise	6,000	6,000	6,000	18,000
Subawards: Santa Monica College	16,000	16,000	16,000	48,000
Other: ASEE MIDFIELD data set	10,000	-	-	10,000
Other: meeting expenses for convenings of institutional representatives	3,000	3,000	3,000	9,000
Total Other Direct Costs	38,000	28,000	28,000	94,000

	Year 1	Year 2	Year 3	Total
Total Direct Costs	70,301	60,572	47,875	178,748
Indirect Costs (30% of Personnel and Fringe Benefits)	8,168	8,374	4,710	21,252
Total Costs	78,469	68,946	52,585	200,000