



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 Investigator/Project Director

| | | | |
|-------|--|------------|--|
| Name | | Department | |
| Email | | Phone | |

Other Project Collaborators

| | | | |
|------|--|------------|--|
| Name | | Department | |
| Name | | Department | |
| Name | | Department | |
| Name | | Department | |

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 | | | | |

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

| | | |
|--|--|--|
| 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. |
|--|--|--|

| | | | |
|---|--|------------------------------------|--|
| 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.

| | |
|--|--|
| <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?</p> | |
| <p>Budgetary Needs</p> <p>Describe the project's budgetary needs. For personnel, specify type(s). For faculty reassignment/overload requests, specify the names and planned allocation of time.</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.



 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.



 Signature of Responsible Administrator

12/5/2024

 Date

Dean, Library, Learning Resources & Distance Learning

 Title



 Signature of Responsible Vice President

12/13/24

 Date

Vice President, Instruction

 Title

Review by President's Cabinet

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

| | |
|----------|--|
| Comments | |
|----------|--|

DRAFT Budget Request
Community Archiving Workshop (CAW)

| Personnel | |
|--|-----------------|
| Hong Guo (hourly) to prepare the content and materials for the CAW and facilitate the CAW: 12 hours x \$69.13/hour | \$ 830 |
| Eva Rios-Alvarado to facilitate the CAW: 4 hours x \$59.07/hour | \$ 236 |
| Michael Emery to facilitate the CAW: 4 hours x \$66.78/hour | \$ 267 |
| Subtotal | \$ 1,333 |

| Fringe Benefits | |
|--|---------------|
| Faculty: 19.1% California State Teachers' Retirement System, 1.45% Medicare, 0.05% state unemployment insurance, 1.31% workers' compensation | \$ 292 |
| Subtotal | \$ 292 |

| Supplies and Materials | |
|---|---------------|
| Promotional materials to market the CAW and digital history project | \$ 175 |
| Subtotal | \$ 175 |

| Other Operating Expenses and Services | |
|--|---------------|
| Food supplies/light refreshments for CAW | \$ 200 |
| Subtotal | \$ 200 |

| Total Request | \$ 2,000 |
|----------------------|-----------------|