

### **Steps for the Grant Process...**

- This form does not pertain to grant renewals.
- This form must be completed for all new grant requests.
- You will also be required to complete any training, including EDGAR, Pre-award or Post-Award training as required by the grant.
- Once you have completed filling out the form, email the form to your immediate supervisor.
- After review, your immediate supervisor is expected to send the form to the Cabinet-level administrator requesting the GRAF be placed on the Cabinet agenda.
- It is your responsibility to ensure the GRAF is placed on the Cabinet agenda well within the timeframe to have it approved by Cabinet before the grant application is due.
- It is imperative and your responsibility to get all budget forms to the Grant Accountant in the Business Office before the scheduled Cabinet meeting. This will allow all members of Cabinet to be aware of the full scope and budget of the grant. The *Vice President for Business and Administration* may choose to deny a grant request due to a lack of budget compliance.
- It is your responsibility to notify Institutional Research of any data requests required for the grant application, and for any data that may be required during the term of the grant. A grant request may be denied due to unattainable data reporting requirements.
- No grant application is allowed to be submitted without Cabinet signatures for approval.



## Grant Request Approval Form

The Grant Request Approval Form (GRAF) is for Southeastern Illinois College (SIC) records and will be retained by the Office of Institutional Effectiveness & Research (IE/R). The GRAF and supplemental materials must be submitted first in the grant process and well before the proposal deadline to allow sufficient time to review, process, and secure the required signatures. SIC reserves the right to withdraw any application that has not received institutional endorsement before submission. If you have any questions, please contact IE/R (ext. 2125, 2511). This request must be approved before submitting the grant application.

### SECTION 1

#### *Grant Writer Information*

Name: First and Last:

Phone Ext.

Email

Enter your division:

Name of immediate supervisor:

### SECTION 2

#### *Proposal Information*

Proposed Project Title:

Date Grant is Due:

Is this a collaborative proposal?

Yes  No

If yes, please mark who SIC will be collaborating with:

Private Sector     Another Community College     University

Government- state, local, federal

Funding Type: Granting Agency:

Anticipated Award Amount:

### STRATEGIC PLANNING

*Mission: Southeastern Illinois College promotes quality, accessible, and accountable learning that is responsive to student and community needs.*

Select all Strategic Initiatives that apply:

- Advance Student Success
- Strengthen Operational Efficiency
- Foster a Supportive, Inclusive, and Modern Learning Environment
- Promote Community and Economic Development

Facilities, Equipment, Integrated Technology, and Other Resources Needed. Check all that apply. Attach documentation to this form demonstrating the required need from the proposed project's impact on resources. This information should be shared with departmental directors or associate deans prior to obtaining Cabinet signatures.

Select each need:

- |  |  |
|--|--|
| <input type="checkbox"/> Physical Space to house new equipment   | <input type="checkbox"/> Alterations to existing space |
| <input type="checkbox"/> Technician/IT support for new equipment | <input type="checkbox"/> Purchase computer, software   |
| <input type="checkbox"/> Hire new personnel                      | <input type="checkbox"/> Administrative Assistant      |
| <input type="checkbox"/> Workstation for grant personnel         | <input type="checkbox"/> Other                         |

List other:

Please list the stated goals of the Grant:

## Section III

### *Budget*

You must work with the Grant Accountant in the Business Office for detailed budget information. For questions, contact Ext. 2500. It is a requirement to send all budget forms to the Grant Accountant immediately.

Institutional Requirement (select all that apply):

Cash Match       In-Kind       Matching Funds       Personnel with fringe benefits

Amount of Match required: \_\_\_\_\_ in %

Period of Grant Funding: \_\_\_\_\_ in months

What is the % of indirect costs (overhead) allowed by the Grantor? \_\_\_\_\_ in %

Please add any additional comments or notes about the budget:

## Section IV

### *Data Collection*

Will this Grant require data collection efforts from Institutional Research?

Yes       No

Please describe in detail what data will need to be collected by IR:

Have you spoken to IE/R about the data needs for this Grant?

Yes       No

Notice: all data requests must be presented to IR 14 working days before Grant is due.

# Signatures and Authorizations

Signatures from all Cabinet members are required before grant submission. It is your responsibility to get this form to your Cabinet- level supervisor. If you have questions about this form, contact Ext. 2125 or 2511.

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Vice President of Administrative Services Date

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Executive Dean of Academic Services Date

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Executive Dean of IE/R Date

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Executive Dean of Student Services Date

Cabinet supervisors will review your request at the next scheduled Cabinet meeting. Please work with your immediate supervisor to make sure this request is on the Cabinet agenda. Please print and save a copy of this request for your records.

