



Notice of Intent to Apply for Grant

Funding Source's Due Date: _____

Proposal No: _____

Proposal Initiator(s)	Office Phone No.	School

Contact proposal initiator(s) listed above if additional information is needed or proposed project cannot be approved as described.

1. Brief description of project, including benefit to Macon State College (may attach a separate sheet if necessary):

2. Estimated time period for proposed project:

Begin Date: _____

End Date: _____

3. Estimated grant request: _____

4. Macon State College's obligation to continue the project after the proposed grant ends (check all that apply):

- The project will continue, but at no cost to the College. (Describe below.)
- The project is eligible for a second grant from the same source.
- Continuing the project is optional.
- Some type of plan for continuing the project is required, and Macon State College may/will have to provide funds. (Provide details below.)

5. Will this project involve a cooperative effort between Macon State College and any other college or organization?

- Yes - describe relationship below
- No

6. Have any potential funding sources been identified?

- Yes - list below
- No

7. Is the funding source identified a private foundation with a local affiliation in the community?

- Yes - identify affiliation below
- No

8. Is any local match required?

- Yes (answer question #9)
- No (Skip to question #10)

9. How much of the match must be cash and how much must be in-kind services? (i.e. use of space, equipment, clerical time)? If any cash match is required, what do you propose as the source of cash?

10. Do the guidelines allow for indirect costs?

- Yes
- No
- Don't know

11. Describe any existing space, equipment, personnel, supplies, etc. which will be needed to support the project. How much will be paid for by the grant?

12. Will new personnel be necessary?

- Yes (answer question #13)
- No (Skip to question #14)

13. Describe new personnel, estimated salaries, office space, equipment, and supplies, etc. required. How much will be paid for by the grant?

14. Who will be responsible for the administration of the project? _____

The undersigned have read and approve of the proposal's concept, except as noted in comments (attached).

Proposal Initiator Date

Vice President for Academic Affairs Date

Dean of School/Immediate Supervisor Date

Vice President for Fiscal Affairs Date

Contracts & Grants Manager Date

President Date

Chief Development Officer (if private) Date

(Return this Notice of Intent to Apply to the Contracts & Grants Manager for notifications)

REVIEWER COMMENTS

Dean/Immediate Supervisor:

Contracts & Grants Manager:

Chief Development Officer (if private):

Vice President for Academic Affairs:

Vice President for Fiscal Affairs:

President: