State College of Florida, Manatee-Sarasota
Grant-Seeking Initiative Preliminary Approval

Proposal Title: ____________________________________________________________

Project Director: __________________________________________________________

Dept.(s) Involved: __________________________________________________________

Potential Funding Source (if known): _________________________________________

Due Date: ___________________ Amount of Funding Request:____________________

Project Start and End Dates: _______________________________________________

SCF Match Required per Year: Cash __________ In-kind _________________

Source(s) of SCF Match: ___________________________________________________

Please include a separate brief summary of the proposed project that addresses the following:

1. How will the College benefit from this project?
2. Who are the primary beneficiaries (target population)?
3. What are the outcome objectives of the project?
4. What strategies will the project employ to accomplish the identified objectives?
5. What internal and external partners will be involved and what are their roles?
6. How will the project continue after the grant funding is gone (sustainability)?
7. What impact will there be on human subjects (through use of focus groups, personally identifiable information gathered OR activities requiring Institutional Review Board review)?
8. Project budget:
   a. What are the staffing needs to implement the project (including FT, PT, reassigned time, etc.)?
   b. What existing space, laboratories and equipment will be needed?
   c. What new materials/equipment would the project budget provide?

Please forward to Dory Lock, Grants Coordinator, Resource Development Department, SCF Bradenton. If you have questions, please call her at x65387 or email her at lockdc@scf.edu. Your proposal will be reviewed by department staff and Resource Development Committee.

SIGNATURES REQUIRED FOR FURTHER DEVELOPMENT

Submitted by: ___________________________ Date: ____________

Department Chair/Dir.: ___________________________ Date: ____________

Associate VP: ________________________________ Date: ____________

Vice President: ________________________________ Date: ____________

Proposal development approved by the RDC? ___ Yes ___ No Date: ____________