



Grant Funding Request Form

A completed and approved **Grant Funding Request Form** must be on file with the Kilgore College Office of Institutional Planning, Research and Institutional Effectiveness *before* any employee or designee of Kilgore College or the Kilgore College Foundation may pursue grant funding. One Grant Funding Request Form must be completed and approved for each grant program to be pursued. Please complete all sections and forward this document through the Authorization Workflow.

I. Grant Information

Name of Grant Program: _____

Grant Agency: _____

Grant Agency Contact: _____

Phone: _____ Email: _____

Today's Date: _____ Grant Application Due Date: _____

Projected Start Date: _____ Projected End Date: _____

Type of Submission: New Renewal

Total Grant Funds Requested: _____

Maximum Amount Allowed: _____

Please Provide a Brief Overview of the Proposal: _____

Grant Application to be Written by: _____

Phone: _____ Email: _____

Grant Application to be Submitted by: _____

Project Director or Manager of the Grant: _____

II. Eligibility Determination

Will Human Beings or Animals be the Subject of Research for the Purpose of the Funded Program?

Yes No

Is New Personnel or Release Time Required? Yes No

Are Additional Resources from the College or a Third Party Required (In-Kind or Monetary Match)?

Yes No

Is New Space Required? Yes No

Is Sustainability after the Conclusion of the Grant Cycle an Application Requirement? Yes No

Will Funds be Requested for a Stipend or Portion of a Salary of a Kilgore College Employee? Yes No

Please Provide Details for Any Questions in This Section Where the Answer is "Yes"

III. Strategic Plan Match

Does the Request Meet One of the Outcomes of the [Strategic Plan](#)? Yes No. If Yes, Please List and Explain How the Proposed Grant Applies:

IV. Projected Budget

Total Revenues By Fiscal Year: _____

Expenditures By Fiscal Year: _____

Indirect Costs (if any): _____ Reimbursable or Percentage of Grant: _____

How Often Will Financial Reports Be Required? _____

V. Authorization Workflow

Department Chair/Director _____ Today's Date

Dean/Vice President _____ Today's Date

Vice President, Administrative Services _____ Today's Date

Grant Writer/Vice President, Institutional Planning _____ Today's Date

Business Officer Assigned for Reporting Purposes (if applicable):

Will the grant funding involve Information Technology (IT)? If so, approval is required:

Information Technology

Reviewed by the President's Cabinet On: _____

Approved: ___ Yes ___ No

If Denied, Reason: _____

- Please "SAVE AS" and RENAME the document as: DATE_LAST NAME (of requestor)
- EXAMPLE: 09212016_PETERS.pdf