

Preliminary Grant Proposal Form

Please return completed form with all required signatures to the PCC Office of Sponsored Programs.

1. **Title of Grant:**
2. **PCC Division/Area of proposal's focus:**
3. **Abstract**
Please type the project/initiative abstract in this space. Attempt to limit the abstract to one half to two thirds of a page single-spaced.
4. **Submission deadline:** **Date of Project Proposer's Notification to OSP:**
5. **Grant start date:** **Grant end date:** **Award Amount:**
6. **Proposed project development team members:**
7. **Funding agency and their website or contact information:**

Proof of communication on the grant with the facility, information technology, budget, and IRB offices is required and is to be accompanied with this form.

8. **FACILITY Requirements:** Project Proposer or Supervisor is to explain requirements and document follow up with Director of Facilities/VP, Administrative Services.
9. **INFORMATION TECHNOLOGY Requirements:** Project Proposer or Supervisor is to explain requirements and document follow up with AVP of OITS/ VP, Administrative Services.
10. **BUDGET Requirements:** Project Proposer or Supervisor is to explain requirements and document follow up with Chief Financial Officer.
11. **Institutional Review Board Requirements:** Project Proposer or Supervisor is to explain requirements with the Office of Sponsored Programs.

Signatures Required for Approval of Proposal Submission

PCC Project Proposer _____ Date: _____

Immediate Supervisor _____ Date: _____

PCC Employee Responsible for Submitting Grant Reports to Agencies/Business Office/Grants

Office _____

If the grant is submitted from Academic Affairs, the Department Chair and Dean must approve.

Dept. Chair _____ Date: _____

Dean _____ Date: _____

The following required signatures indicate final approval to proceed with this grant proposal:

Proposer's Vice President _____ Date: _____

AVP, Information Technology & Svcs _____ Date: _____

Chief Financial Officer _____ Date: _____

Vice President, Administrative Services _____ Date: _____