

TRITON COLLEGE

Grant Pre-Proposal Approval Form

Triton Employee Initiating Request _____ Date: _____

Employee status: _____ Faculty _____ Staff _____ Administrator (select one)

Title: _____

Department: _____

Submitted to Grants Development Office (E-317) for Review and Approval: Yes No Date: _____

Project Name: _____

Funding Agency: _____

Amount Requested: _____ Type: New Renewal Competitive

Match Requirement: None Cash In-Kind Amount: _____

Source(s) of Cash Match: _____

In-Kind College Resources Required: Personnel Facilities Equipment Supplies
Photocopying Vehicles Other

List Other: _____

Will any new positions be created? Yes No If so, how many? _____

Will additional space be required to house this project? Yes No

If so, how much? _____

Duration of Project One -Time Grant Multi-Year Grant

Length of Project _____ Start Date: _____ End Date: _____

Does this project require Triton College to enter into a Consortium or Partnership Agreement? Yes No

If so, please list the partnering organizations _____

TRITON INTERNAL DEADLINE: _____ FUNDING AGENCY DEADLINE: _____

Does this project fit within Triton's mission and strategic plan? Yes No

Which Action Area(s): Increase College Readiness Improve College Completion Rates Close Skills Gaps

Briefly describe how the project aligns with the selected Strategic Action Areas: _____

Population Served by this Project: _____

Brief Project Description (please include goals, objectives, anticipated outcomes, and evaluation methodology):

Does the Project Director have adequate information to respond to the RFP and sufficient time to develop a competitive proposal before the internal deadline date? ___ Yes ___ No

Is the College willing and able to commit the necessary resources (space, personnel, matching funds) to support the project? _____ Yes _____ No

Signatures Required to Proceed to Proposal Development:

Employee Initiating Request Date

Dean of Area Date

Executive Director, Grants Development Date

Vice President of Area Date

_____ Approved _____ Denied Date: _____

PLEASE RETURN TO THE GRANTS DEVELOPMENT OFFICE - Room E-317

**(Pre-Approval Form Must Be Returned to the Grants Development Office
No Later than 7 Days of Being Approved or Denied)**