



Grant Approval Form

The purpose of this form is to help campus leadership understand your grant project, its potential impact, and provide endorsement. For assistance with this form, please contact the RCTC Grants Office (ren.olive@rctc.edu). **This form must be submitted no less than 30 days before the grant deadline to receive institutional endorsement.** Since every grant commits the College to programmatic, financial, legal, and ethical obligations, **you must contact your Dean or Manager and the RCTC Grants Office very early on as you prepare to seek funding.** Special exceptions to the 30-day deadline will be made at the discretion of the President’s Office.

Section 1: GRANT PROPOSAL PLAN

Your Project’s Title:

Department(s):

Proposed Project Lead:

Dean/Manager Sponsor:

Project Team Members:

Website of Funder:

Grant Submission Due Date:

Select all options that apply:

- Federal Grant or Contract
- Non-federal Grant or Contract
- Subaward to RCTC*
- Foundation Grant
- MinnState System Grant
- Other:

*If this is a subaward, list the fiscal sponsor/lead applicant and contact:

Proposal Type: <input type="checkbox"/> New <input type="checkbox"/> Continuation	Project Start Date: Project End Date:	Total Award Request: Direct Costs: Indirect Costs:	Type of Grant Project: <input type="checkbox"/> Education/Training <input type="checkbox"/> Public Service <input type="checkbox"/> Student Support <input type="checkbox"/> Program Development <input type="checkbox"/> Research <input type="checkbox"/> Other: _____
Cost sharing is: <input type="checkbox"/> N/A <input type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary	<input type="checkbox"/> Cash - Value: Source(s): <input type="checkbox"/> In-kind - Value: Source(s):		

Provide a brief project summary that includes the project’s main goal(s) plus enough information for others to understand what your project will do: (if you need more space, feel free to attach another page)

Describe how this grant project aligns with RCTC’s Campus Strategic Plan:

RCTC’s strategic plan can be found on the RCTC website under “About” > “Strategic and Master Planning”

Section 2: GRANT IMPACT

Impact on personnel: (Reassigned, hired, contracted, overload, efforts required beyond grant project, etc.)	
IT requirements: (Data, video/audio, software, training, etc.)	
Equipment requirements: (Computers, instructional materials, software, supplies, etc.)	
Facilities requirements: (Classroom or lab space, modifications, renovations, etc.)	
Sustainability of grant project: (What is the life cycle? What aspects will remain after the grant project period ends?)	

What departments/offices have you worked with or are planning to work with? *(List departments/offices)*

Did you consult the Business Office to determine financial, reporting, and audit requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this grant require the participation of other departments? <i>(If YES, obtain signatures)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean/Mngr: _____ VP: _____	
Dean/Mngr: _____ VP: _____	
Dean/Mngr: _____ VP: _____	

Research*	<input type="checkbox"/> Institutional Review Board (IRB) approval date for research involving human subjects	Date: _____
*Complete only for projects involving research	<input type="checkbox"/> Institutional Animal Care & Use approval date for projects involving animals	Date: _____
	<input type="checkbox"/> Other required approval dates (if any):	Date: _____

GRANT APPROVAL

If this project is funded, it will be subject to any and/or all policies and regulations of the sponsor, within the guidelines of the State of Minnesota, the Minnesota State Colleges and Universities, and Rochester Community and Technical College. The signatory approvals indicate that the project is consistent with college objectives at each level of responsibility and is in compliance with all governing policies, procedures, and collective bargaining contracts. Note: minor budgetary and project activity details may change prior to grant submission; any major project modifications will be subject to secondary review and approval.

_____ Date: _____
Project Lead

_____ Date: _____
Grants Development Coordinator

_____ Date: _____
Dean/Manager

_____ Date: _____
Vice President of Finance

_____ Date: _____
Vice President Sponsor

_____ Date: _____
President