



# Grant Prior Approval Form

Project Director:

Office Phone:

Email Address:

Department:

Project Type:

Funding Agency(ie., Dept. of Ed.):

Project Start Date:

Project End Date:

Deadline Date:

**BUDGET DATA** Direct Funds Requested:

Indirect Funds Requested:

SFCC In-Kind(if any):

SFCC Matching (if any):

Total:

Any additional budget notes/requests:

## APPROVALS

1. Project Lead/Contact

Date

2. Department Dean/Director/Immediate Supervisor

Date

3. Business Office

Date

4. President

Date



## Grant Submission Transmittal Form

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Project Director:

Project Title:

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Proposal Abstract

Comments