State Fair Community College
Grant Proposal Routing Form

Project Lead/Contact:

Office Phone:

Email Address:

Department:

Project Type:

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

Start Date: End Date: Deadline Date:

BUDGET DATA

Direct Funds Requested:
Indirect Funds Requested:
SFCC In-Kind(if any):
SFCC Matching (if any):
Total:

Any addtional 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

Project Lead/Contact:

Project Title:

Proposal Abstract

Comments