TRITON COLLEGE

Grant Pre-Proposal Approval Form

Triton Employee Initiating Request: _			Date:	_			
Employee status (select one): F	aculty S	taff	Administrator				
Title:				_			
Department:							
Submitted to Grants Development Office (E-317) for Review and Approval:YesNo Date:							
Project Name:							
Funding Agency:							
Amount Requested:	Туре:	New	RenewalCompetitive				
Match Requirement:None	Cash	In-Kind	Amount:				
Source(s) of Cash Match:							
In-Kind College Resources Required: PersonnelFacilities EquipmentSupplies PhotocopyingVehiclesOther							
List Other:							
Will any new positions be created?YesNo If so, how many?							
Will additional space be required to house this project?YesNo							
If so, how much?							
Duration of Project	Start Date:	Er	nd Date:				
Does this project require Triton College to enter into a Consortium or Partnership Agreement?YesNo							
If so, please list the partnering organizations							
TRITON INTERNAL DEADLINE: FUNDING AGENCY DEADLINE:							
Does this project fit within Triton's m Which Action Area(s):Increase Co				_Close Skills Gaps			

Briefly describe how the project aligns with t	he selected Strategic Action Areas:
Population Served by this Project:	
Brief Project Description (please include goal	s, objectives, anticipated outcomes, and evaluation methodology):
competitive proposal before the internal dea	
Is the College willing and able to commit the the project? Yes No	necessary resources (space, personnel, matching funds) to support
Signatures Requi	red to Proceed to Proposal Development:
Employee Initiating Request	Date
Dean of Area	Date
Executive Director, Grants Development	Date

 Approved	_Denied	Date:

Associate Vice President of Area

Vice President of Area

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

(Pre-Approval Form Must Be Returned to the Grants Development Office within <u>7 Days</u> of Being Approved or Denied)

Date

Date