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| Logo(sm)- gif | **Western Nevada College** |
|  | **Grant Proposal Review Form** |
| Grant Name | Total Grant Amount$ | Date |
| **PROCEDURES** |
| When proposing any grant for WNC, please submit a copy of the grant proposal or abstract and budget together with this completed form. It is your responsibility to obtain the appropriate information and signatures.After completing this form, attach a copy of the abstract or grant proposal and make arrangements to present your proposal to the Grants Review Committee. If you are on a strict timeline, contact the Grants Review Committee chair ahead of time so the grant review process can be expedited to fall within the timeframe necessary for grant submission. The chair or representative is available all year, including breaks and summer. |
| **NEEDS ASSESSMENT (Please respond to each item with a brief explanation).** |
| 1. Will this grant… |
|  | a. | Respond directly to student needs?  |
|  |  |
|  | b. | Be linked to the strategic plan of the college? |
|  |  |
|  | c. | Duplicate current college, grant and/or community programs? |
|  |  |
|  | d. | Impact FTE? |
|  |  |
|  | e. | Provide services and resources to existing college programs |
|  |  |
| 2. Who will be served by this grant? |
|  |
| 3. How will the grant affect faculty and faculty workload? |
|  |
| 4. What statistical data is available? |
|  |
| 5. What is the growth potential of the program? |
|  |
| 6. What are the staff requirements for the grant? (number of grant-paid staff and total budget for staff) |
|  |
| **IMPACT ON INSTITUTION (Please respond to each item with a brief comment or explanation.)** |
| 1. For this grant to be successful, what is required of WNC in terms of… |
|  | a. | Staffing requirements? |
|  |  |
|  | b. | Staff support? (computing, counseling, financial aid, clerical, library, admissions & records, public info, etc.) |
|  |  |
|  | c. | Specific faculty needs? (classroom, offices, shops, etc.) |
|  |  |
|  | d. | Instructional supplies? |
|  |  |
|  | e. | Office supplies? |
|  |  |
|  | f. | Equipment? |
|  |  |
|  | g. | Cost sharing and/or matching? (Specify source with account and amount - Contact Controller’s office.) |
|  |  |
| 2. Will this grant generate indirect money? |  |  | If so, what percentage of the grant? |  |
|  (If no, explain below.) |
|  |
| 3. Will the business office be able to assume responsibility for bookkeeping? |  |  | (If no, explain below.) |
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| 4. Who is the proposed grant manager? (Explain below.)  |
|  |
|  NOTE: A list of grant manager responsibilities is available on the intranet and at the controller’s office. |
| **GRANT CONCLUSION** |
| 1. What is the institutional responsibility at termination of the grant? |
|  |
| 2. Who is responsible for annual/terminal reports and when will reports be due? |
|  |
| **DEPARTMENT APPROVALS** |
| **Recommended** **Not recommended** **No response**  | Each signatory is asked to check the box of his/her recommendation and to comment as well as to sign and date the document. (Comments should be written on a separate page and attached to this page.)**NOTE: Please return a copy of this form to the Grants Review Committee Chair.** |
|  |  |  | Name of Division Chair/Director | Chair Signature | Date |
|  |  |  | Name of Committee Chair | Chair Signature | Date |
|  |  |  | Name of Controller | Controller Signature | Date |
|  |  |  | Name of Appropriate Dean | Dean Signature | Date |
|  |  |  | Name of Appropriate Vice President | Vice President Signature | Date |
| **PRESIDENT APPROVAL** |
|  **Approved** **Not approved**   | Name of College President | President Signature | Date |