



Request to Apply for External Funding

*Please Refer To The [Instructions](#) On The Seattle Central Website.
For Questions, Please Contact GrantsOffice.Central@seattlecolleges.edu*

Project Name Click or tap here to enter text.		
Funding Source Click or tap here to enter text.		
Amount Requested Click or tap here to enter text.	Grant Start Date Click or tap to enter a date.	Grant End Date Click or tap to enter a date.
Are Indirect Costs allowed? Click or tap here to enter text.	If so, how much will be requested? Click or tap here to enter text.	
Please note: If Indirect Costs are not allowed, attach Request to Waive Indirect Costs to this form		
Will FTEs be generated? Click or tap here to enter text.	If so, how many? Click or tap here to enter text.	
Key Partners (indicate lead, if other than Seattle Central) Click or tap here to enter text.		
Will the Foundation act as fiscal lead? Click or tap here to enter text.	Deadline for Submission Click or tap to enter a date.	
Lead Administrator		
Project Summary. If Seattle Central would be a sub-grantee, please specify the work for which we would be responsible. Click or tap here to enter text.		
Project Outcomes. Click or tap here to enter text.		
How does the project relate to the college strategic plan ? Click or tap here to enter text.		
Please attach draft proposal and project budget		

Ask yourself, “Will pursuing this grant (1) Have potential impact on any of the offices listed below? (2) Require support/collaboration from any of these offices?”

Questions

- Check each area that may be impacted and provide a brief explanation.
- Contact the area in question to discuss your needs and take their feedback into account while preparing your proposal.

Area	Impacted?	Explanation
<i>Administrative Services</i>		
Bookstore	<input type="checkbox"/>	
Business Office	<input type="checkbox"/>	
Cashiering	<input type="checkbox"/>	
Facilities	<input type="checkbox"/>	
Food Services	<input type="checkbox"/>	
IT Services	<input type="checkbox"/>	
Security	<input type="checkbox"/>	
<i>Institutional Effectiveness</i>		
Institutional Research	<input type="checkbox"/>	
Grants Office	<input type="checkbox"/>	
<i>Instruction</i>		
Course Scheduling	<input type="checkbox"/>	
Continuing Education	<input type="checkbox"/>	
eLearning	<input type="checkbox"/>	
Divisions Allied Health Arts, Humanities and Social Sciences Basic and Transitional Studies Business & Behavioral Sciences Culinary STEM	<input type="checkbox"/>	
Library	<input type="checkbox"/>	
Workforce Education	<input type="checkbox"/>	
<i>President’s Office</i>		
Public Information Office	<input type="checkbox"/>	
Human Resources	<input type="checkbox"/>	
Foundation	<input type="checkbox"/>	
<i>Satellite Campuses</i>		
Pacific Medical Center	<input type="checkbox"/>	

Seattle Maritime Academy	<input type="checkbox"/>	
Seattle Vocational Institute	<input type="checkbox"/>	
Wood Technology Center	<input type="checkbox"/>	
Student Services		
Advising	<input type="checkbox"/>	
Career Center	<input type="checkbox"/>	
College Success	<input type="checkbox"/>	
Co-Op Ed/Service Learning	<input type="checkbox"/>	
Counseling	<input type="checkbox"/>	
Disability Support	<input type="checkbox"/>	
Enrollment Services	<input type="checkbox"/>	
Financial Aid	<input type="checkbox"/>	
Outreach	<input type="checkbox"/>	
Student Leadership	<input type="checkbox"/>	
Student Support Programs	<input type="checkbox"/>	
Testing Center	<input type="checkbox"/>	
TRiO	<input type="checkbox"/>	
Tutoring	<input type="checkbox"/>	

Signatures: Project Director and Dean

Project Director/PI Name
 Click or tap here to enter text.

<i>Signature</i>	Date
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My signature confirms that:

- 1) This project meets a need in my division and/or takes advantage of an opportunity.
- 2) I have thoroughly reviewed and approved the proposed budget, project design, and outcomes.
- 3) My department has the capacity to implement this project, and assumes responsibility for compliance with the grant terms and conditions, financial management of the grant or contract, and fulfillment of project deliverables.
- 4) Either I or the Project Director have consulted with the departments checked in the chart above about how the grant will impact their work. The proposed project takes into consideration their comments.
- 5) I recommend to the Vice Presidents and the President that we move forward in the application process.

Dean Name
 Click or tap here to enter text.

<i>Signature</i>	Date
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Submit This Form To The Grants Office At Least 2 Weeks Before Submission Deadline

Signature: Grants Office

Name

Signature

Date

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: Business Office

Name

Signature

Date

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: Institutional Effectiveness

Name

Naina Eshwar

Signature

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: Vice President of Sponsoring Division

My signature represents:

- determination that this program or service complies with any applicable instructional or student services regulations and directives.
- understanding of the financial commitment of the institution.

Name

Signature

Date

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: Executive Director, Seattle Central Foundation

complete ONLY when the Foundation acts as fiscal sponsor

My signature confirms that Seattle Central foundation agrees to act as fiscal sponsor for this grant.

Name

Signature

Date

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: Vice President of Administrative Services

My signature represents:

- knowledge of the liability and financial commitments and risks associated with the program.
- understanding of administrative support to be provided to the program manager
- responsibility for invoicing and coordinating all financial transactions with the District Office

Name

Signature

Date

Approve

Do Not Approve (Please explain below in Comments)

Comments

Signature: President

My signature confirms that :

1. The Grants Office is authorized to submit this grant proposal to the funding source on behalf of the college.
2. If the proposal is funded, the college agrees to accept these funds and fulfill the commitments described in the grant proposal.

Name

Signature

Date

Comments