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|  Seattle Central College |  |

# Case Statement Approval Checklist

Thank you for your interest in applying for external funding! Please complete this form before starting the grant writing process to ensure requisite resources/support to achieve the goals of the grant and their alignment with the college's mission and vision. Please direct any questions to the Director of Grants & Strategic Initiatives.

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| Summary Information |
| Case Statement Submitter: |  |
| Lead administrator/staff/faculty for college area of highest impact: |  |
| Project Name: |  |
| Funding Source: |  |
| Grant Funding Range: |  | Award Length: |  | Application Due Date: |  | Funding Start Date:  |  |
| Indirect Cost Allowed (y/n; if no, why?):  |  | Indirect Cost Allowable Amount (if any):  | $ |
| FTE-Generating? (y/n):  |  | If so, how many? |  |
| Please share, if any, the specific requirements of this grant with respect to billing/reimbursement, faculty release time, indemnification, insurance, and/or recordkeeping: |  |
| What leveraged resources (i.e. existing resources) would be used to fund this opportunity as well? If any, please indicate whether non-state allocated matching funds are required: |  |
| Key Partners (indicate lead):  |  |
| Please share what capacity you have to assist in the grant writing process: |  |
| **Project Summary**Please provide a brief summary of the proposed project, including the following: proposed activities, goals/outcomes, how the project relates to [the college’s strategic plan](https://seattlecentral.edu/about/who-we-are/strategic-plan)/priorities, and the college resources/personnel needed to successfully achieve the goals. |
| We understand the full budget may not be developed; however, a baseline understanding of the funded activities is essential for determining our college’s interest in pursuing grant opportunities. Please attach a tentative project budget overview, answering as many of the below questions as possible:* *Please identify where the funds would be allocated for this award (e.g. personnel, supplies/materials, travel, indirect costs, etc.)*
* *Describe how what existing and new staff and campus resources (including space) would be required to complete the activities of the grant*
* *If existing personnel will be involved, will this require stipend-based pay?*
* *If new personnel are required, please describe the capacity to hire and onboard the new personnel during the grant period to complete the grant activities in a timely manner*
* *Please identify which goals of the grant are temporary (e.g. funds for a one-time set of activities) and which are permanent (e.g. to institutionalize resources/support for \_\_\_)*
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| APPROVALS: project director and Dean |
| **Project Director/PI:** | **Name** | **Date** |
| **Comments:** |
| **Dean/Director:**  | **Name** | **Date** |
| [ ]  Approve \_\_\_\_\_\_\_\_\_\_\_ [ ] Do not approve (please explain below in comment section) \_\_\_\_\_\_\_\_\_\_\_\_ |
| **My approval signifies that:**1) My division has the capacity to implement this project (i.e. staff are available to supervise the project and/or written into the grant budget, and staff are available to track the budget and coordinate reporting should the grant be awarded)2) I have reviewed the proposed budget and project design to ensure they are realistic within the constraints of my division.3) If the proposed activities will significantly impact another college area (listed below), I or the project director have consulted with the area.4) This project meets a need in my division and/or takes advantage of an opportunity.5) I recommend to the Vice Presidents and the President that we move forward in the application process. |
| **Comments:****Policies for Grants & Contracts** are located on the District website, please review them prior to completing the Grants Checklist:<https://www.seattlecolleges.edu/about/policies-and-procedures/pro670?hasboth=1&docID=670&companionId=pol#50> |

**APPROVALS** *(In our virtual environment, email approval will suffice. Wet signature is not necessary)*

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| **OFFICE** | **NAME** | **APPROVE (Y/N)** | **DATE** | **COMMENTS** |
| **Grants Office** | Director of Grants & Strategic Initiatives |  |  |  |
| **Institutional Effectiveness** | Executive Director of Institutional Effectiveness |  |  |  |
| **Business & Finance Office** | Associate Director of Fiscal Services |  |  |  |
| **Executive Sponsorship** | Vice President of impacted area/s, Executive Director of Campus Operations, etc. |  |  |  |
| **President** | President |  |  |  |

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| Questions: | Will writing and/or implementing the grant (1) have potential impact on any of the entities listed below? (2) require support/collaboration from any of these entities? If the answer to either question is “yes”/“probably”, please provide a brief explanation for each impacted entity. |
| **President’s Area** | **Explanation:** |
| [ ]  | Public Information Office |  |
| [ ]  | Human Resources |  |
| [ ]  | Institutional Effectiveness and Grants Office |  |
| **Instruction** |  |
| [ ]  | Internships/Career Services |  |
| [ ]  | eLearning |  |
| [ ]  | Instructional division separate from Project Director  |  |
| [ ]  | Library |  |
| [ ]  | Room scheduler/coarse-loading into HP |  |
| [ ]  | Tutoring |  |
| [ ]  | Workforce Support Program  |  |
| [ ]  | Other |  |
| **Student Services** |
| [ ]  | Admissions |  |
| [ ]  | Advising |  |
| [ ]  | Counseling |  |
| [ ]  | Enrollment Services |  |
| [ ]  | Disability Services |  |
| [ ]  | Financial Aid (if there’s impact, please discuss this in advance with VP of Student Services) |  |
| [ ]  | Registration |  |
| [ ]  | Testing Center |  |
| [ ]  | Other |  |
| **Equity, Diversity, Inclusion, & Community** |
| [ ]  | EDIC |  |