

## Virginia Western Community College Grant Application Approval Form

*(This form must be filed with the Grants Development and Special Projects Office prior to application filing  
Include a one-page summary, which includes justification for proposal and an estimated budget)*

**I. Funding Source** \_\_\_\_\_  
 Grant Developer \_\_\_\_\_ Department \_\_\_\_\_  
 Application Filing Date \_\_\_\_\_  Postmark  Delivered  
 Institutional match required?  No  Yes Explain \_\_\_\_\_  
 Did you include a one-page summary, which includes justification for proposal and an estimated budget?  No  Yes

**II. Anticipated Institutional Commitment:** (Identify any non-reimbursed VWCC support that may be required)

\_\_\_\_\_  
 \_\_\_\_\_

**III. Personnel:** (Projects with personnel expenditures and/or release time must be routed to Human Resources for approval)

<u>Name</u>	<u>Compensation</u>	<u>Time &amp; Scope of Effort</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Human Resource Manager I: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Release Time:** Please schedule anticipated hours of release time to be granted during the period of this project, as approved by: Vice President of respective Division, Vice President of Financial and Administrative Services, and Human Resources Manager I.

Check if NO release time.

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

VP. of Financial & Administrative Services: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Manager I: \_\_\_\_\_ Date: \_\_\_\_\_

**V. Equipment:** (Projects with computer or software expenditures must be routed to the Technical Support Services Department for approval)

<u>Item</u>	<u>Cost</u>	<u>Item</u>	<u>Cost</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Director of Technical Support Services: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. Contractual:** (Projects with space/ building expenditures must be routed to the Facilities Management Services Department for approval)

<u>Item</u>	<u>Cost</u>	<u>Item</u>	<u>Cost</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Coordinator of Facilities Management Services: \_\_\_\_\_

Date: \_\_\_\_\_

**VII. Approval Signatures:** (Program Head, Academic Dean, and Division Vice President must sign-off on proposal before sent to Grants Development and Special Projects Office)

**Program Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grants Development and Special Projects Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_