

VIRGINIA WESTERN

Grant Application Approval Form (GAAF)

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

I. Funding Source _____

Grant Developer _____ Department _____

Application Filing Date _____ ☐ Submitted

Institutional match required? ☐ No ☐ Yes (Cash/In-Kind) Explain _____

Did you include a one-page project summary, with justification for proposal and an estimated budget? ☐ No ☐ Yes

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

III. **New 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 & Scope of Effort</u>
_____	\$ _____	_____
_____	\$ _____	_____

Associate VP. of Human Resources:

_____ Date: _____

IV. **Current Faculty/Staff 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 Associate VP. Of Human Resources.

☐ Check if NO release time.

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

Vice President: _____ Date: _____

Associate VP. of Human Resources: _____ Date: _____

VP. of Financial & Administrative Services: _____ Date: _____

V. Equipment: (Projects with computer or software expenditures must be routed to the Information and Educational Technologies Services Department for approval)

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

Director of Information & Educational Technologies 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>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Director of Facilities, Planning & Development:

_____ Date: _____

VII. Budget Summary

Budget Data	Year 1	Total Years
Grant request		
VWCC Cash Match		
VWCC In-Kind Match		
Other Matching Funds (Source)		
Total Budget		

VIII. 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:** _____