

OFFICE OF RESOURCE DEVELOPMENT/GRANTS

GRANT ROUTING FORM

This form must be approved by your immediate supervisor <u>and</u> the President of your campus <u>or</u> Vice Chancellor of the division that will administer the grant, before submission to the funding agency. Once completed, submit this form along with the grant application to the Resource Development/Grants Office at least 5 (FIVE) working days prior to the application due date. Failure to submit an approved form with your application may result in the College not accepting the grant award.

Investigator:		Co-Principal Investigator:			
E-mail		E-mail			
Contact No.		Contact No.			
Title of the Project:		Application due date:			
Campus Location of Grant:		Department Administering gra	nt:		
Funding Agency:		Funding Agency T	ype		
BUDGET INFORMATION:	Grant Period:		to		
Total Proposed Budget:	Indirect Costs or Administrative Costs Amount Included in Total Budget:				
Matching Funds Required:	If yes, amount?		Type of Match Proposed		
STAFFING INFORMATION: (Include the n	umber of full/part time staff/facult	y positions that will be	created for this	grant:	
Full time Faculty:	Adjunct Faculty:		taff: Part time Staff:		
Stipends:	How many additional work spaces w	will be needed?	Offices:	Cubicles:	
I approve the submission of this proposal in support of the mission of Houston Community College.					
Print Name		Sig	Signature		Date
Project Director (PI)					
PI's Immediate Supervisor					
President/Vice Chancellor					

This form can be delivered, faxed, or e-mailed to the Resource Development/Grants Office:

Fax: 713-718-5221 E-mail: hcc.getfunded@hccs.edu Location: System Office, 3rd Floor