HINDS COMMUNITY COLLEGE
PRE-PROPOSAL REQUEST FORM
FOR GRANTS ABOVE $100,000

Please submit the completed form with the required signatures to:
Don E. Slabach, Grant Coordinator • External Funding Office
D.G. Fountain Hall, Room 205 • Raymond
Don.Slabach@hindssc.edu • Office: 601-857-3751 • Fax: 601-857-3566

SECTION I: GENERAL INFORMATION
1. Title of grant and funding entity: ________________________________________________________________

2. Name(s) of person(s) initiating the grant proposal: __________________________________________________

3. Name(s) of person(s) writing the grant proposal: __________________________________________________

4. Has a director or principal investigator been identified for this grant? If yes, identify the person and his or her current HCC position and title.____________________________________

5. Grant application due date: _________________________________________________________________

6. Amount of funding sought: ___________________

7. Are matching funds required? □ Yes □ No If yes: cash amount: $___________________________

Identify source(s)/budget code(s) __________________________________________________________________

8. Grant period: Start Date: _______________________________ End Date:_______________________________

9. In-kind support (current College personnel, facilities, equipment to be used). List all by percent of time to be spent on grant OR actual dollar amount.
Personnel: ___________________________________ Facilities: ____________________________

____________________________________________________________________________________________

10. List anticipated new personnel, facilities, and equipment required for the grant’s successful implementation:
Personnel: ___________________________________ Facilities: ____________________________

____________________________________________________________________________________________

11. Is there a requirement to sustain the program after the grant ends? □ Yes □ No
If yes, describe the requirement and the institutional resources needed to sustain the program. Provide cost estimates of any required financial match or in-kind._____________________________________________________________________

____________________________________________________________________________________________

12. List all community partners by organization name, contact person, type of support, and if any match is required.

____________________________________________________________________________________________

____________________________________________________________________________________________

SECTION II: OVERVIEW OF GRANT
Please answer for following briefly yet descriptively.

1. PROPOSED PROJECT TITLE: _____________________________________________________________
2. Purpose of project: ________________________________________________________________

3. Which of HCC’s Strategic Goals does this project address? ____________________________

4. Why is this grant project needed? __________________________________________________

5. What is the project’s overall benefit to HCC? ________________________________________

6. What are the project’s key objectives? ______________________________________________

7. What are the projected outcomes? __________________________________________________

8. Who is the targeted population? ____________________________________________________

9. Briefly describe the plan of operation (how the project will be achieved – who will do what, when and how). ______________________________________________________________

10. What are the minimum qualifications required of key personnel to successfully achieve the project goals? _________________________________________________________________

11. Briefly describe the project’s evaluation component (quantitative and qualitative evaluation measures). _________________________________________________________________

12. Will the project include human subjects or vertebrate animals requiring Internal Review Board approval? ☐ Yes ☐ No

13. Projected Release Time for faculty (from teaching), if applicable: _________________________

14. Will you need assistance from the Community Relations Division (Marketing, Public Relations, External Funding Office)? ☐ Yes ☐ No

   If yes, what type of assistance is need? ________________________________________________

**PLEASE ATTACH THE COMPLETE REQUEST FOR PROPOSAL (RFP) FOR THE GRANT**

Submitted by: ____________________________________________________________

(Signature and title) Date

Phone number: __________________ Email Address: ____________________________

10-14/Pre-Proposal Over $100,000/Request/External Funding/Community Relations/’14 DES