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. Who will manage the funded grant project? ________________________________________________

5. Grant application due date: ________________________  6. Amount of funding sought: ________________

7. Are matching funds required? * Yes * No
   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: ______________________________________
   _______________________________________________
   _______________________________________________
   _______________________________________________
   _______________________________________________
   Equipment: ______________________________________
   _______________________________________________
   _______________________________________________

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

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

12. Briefly describe the project you wish to fund and identify the Hinds CC strategic goal(s) it addresses (Attach additional paper if necessary): _______________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    Will you need assistance from the Community Relations Division? * Yes * No
    If yes, what type of assistance is needed?
    ______________________________________________________________________________________

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

Submitted by: ________________________________ (Signature and title) ____________________________ Date

Phone number: ____________________________ Email Address: ______________________

10-09/Pre-Proposal Short Request/Community Relations/09A-K