



**HINDS COMMUNITY COLLEGE
PRE-PROPOSAL SHORT REQUEST FORM
FOR GRANTS \$ 100,000 OR LESS**

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@hindsc.edu • Office: 601-857-3751 • Fax: 601-857-3566

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 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: _____
_____ 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*): _____

13. Will the project include human subjects or vertebrate animals requiring Internal Review Board approval? Yes No
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: _____