



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 Slabach, college grant writer • Fountain Hall, Room 205 Donald.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 Identify source(s)/budget code(s) If yes: cash amount: \$ \_\_\_\_\_

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 need? \_\_\_\_\_

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

Submitted by: \_\_\_\_\_ (Signature and title) Date

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_