Massasoit Community College

Grant Approval Request From

Please complete this form if you intend to develop a grant proposal.

Submit completed form with first two signatures to Mary Harris, Director of Grants.

Your n	ame:		Tel.#:					
Department:								
Project title:								
Population to be served:								
Need for this project:								
Start date:								
Goals:								
Proposed activities and location:								
Expected outcomes:								
Total estimated budget: (grant funds + other sources)								
(0	,							
Which	of the following colle	e priorities will this project support?						
	Strategic Priority 1: Student Success							
	Strategic Priority 2: Diversity and Inclusion							
	Strategic Priority 3: Workforce Development and Community Engagement							
	Strategic Priority 4: Fundraising and Alumni Relations							
	Strategic Priority 5: Sustainability							
	Strategic Priority 6: Institutional Effectiveness and Continual Improvement							
	Strategic Priority 7: Colle	ge Expansion						

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Have you identified a funding source?											
	No, I a	m requesting assistan	ce f	rom the G	rants Depai	tment.					
app		n below indicating that proceed. Submit the									
		Your Signature			Date						
		Supervisor's Signature					Date)			
	Director of Grants' Signature					Date					
		Vice President's Signatur	e				Date)			
	Yes										
Grant Program/Funder Proposal Due									ue date		
•	Grant	amount	\$					-			
•	Is a ca	sh match required?		□ Yes	□ No	If yes, ho	ow much?				
•	Is an ir	n-kind match required?		☐ Yes	□ No	If yes, ho	ow much?				
•	Does t	he funder require the co	llege	to sustain	the project?	☐ Yes	□ No				
app		n below indicating that o proceed. Submit the									
		Your Signature					Date)			
		Supervisor's Signature					Date				
		Director of Grants' Signature					Date Date				
		Vice President's Signatur	е				Date)			
		President's Signature					Date				