

**PORTLAND COMMUNITY COLLEGE/FOUNDATION
GRANTS REVIEW FORM**

SUMMARY

Applicant: College Foundation

Title of Grant _____ Due Date for Submission _____

Proposed Program Director _____ Phone _____

Funding Agency _____ Agency Program _____

Agency Type (Check one): Federal State Local Private Corporate Private Non-Profit Other _____

Proposed purpose of this grant and its benefits to PCC _____

BUDGET

Beginning Date: _____ Ending Date: _____

Total Funding: \$ _____

Personnel \$ _____ Will this project offset costs currently covered by the General Fund? No

Operating \$ _____ If so, please describe _____

Equipment \$ _____

Subcontracts \$ _____

Indirect \$ _____

Annual Total for: Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____ Year 5 \$ _____

Maximum Allowable Indirect Rate _____ % Budgeted Indirect Rate _____ %

Please explain if different _____

MATCH INFORMATION Are matching funds required? YES NO If so, how much? _____

From what sources? _____

Has it been secured or will it need to be raised during the grant? _____

POTENTIAL IMPACT (STUDENTS/ STAFF/ SPACE)

How many additional student FTE is anticipated? _____ Will there be direct payments to students? YES NO

How many new staff will be required? _____ How many existing staff will be reallocated? _____

Where will the project be located? Campus(es) / Center(s) _____

What space will be required? _____

Offices _____

Classrooms _____

Other _____

SIGNATURES AND REVIEW:

Dean _____ Date _____

Executive Officer _____ Date _____

Reviewed by Grants Office/Foundation _____ Date _____

Copy to Financial Services (if the College is applicant) _____ Date _____

Copy to Physical Plant (If new space or changes to space required) _____ Date _____