



DIVISION OF ADMINISTRATIVE SERVICES
AUTHORIZATION TO PREPARE A GRANT APPLICATION
(A copy of the grant solicitation documents must accompany this form)

Principal Investigator/Project Director: _____

Tel#: _____ E-mail#: _____

IRB Approval Needed: ☐ Yes ☐ No

Proposal Title: _____

Submission Deadline: _____

Academic Division: _____ Bldg/Rm#: _____

CTE Division: _____ Bldg/Rm#: _____

Type of Application: ☐ New ☐ Competing Renewal ☐ Supplemental
☐ Revision ☐ Agency Long Program ☐ Non-Competing Continuation
☐ Other _____

Funding Agency/Org.: _____

Type of Agency/Org.: ☐ Federal ☐ State ☐ Foundation ☐ Corporation ☐ Other _____

Check One: ☐ Research ☐ Demonstration ☐ Facilities Request ☐ Instructional Program
☐ Fellowship or Traineeship ☐ Service program ☐ Equipment Request
☐ Other _____

Amount Requested: _____ No. Yrs. Funding: _____ Funding Period: _____

Indirect Cost Percentage Rate: _____

If required, have clearances been obtained for the use of the following?:

- | | | |
|---|------------------------------|-----------------------------|
| ➤ Facilities (building, rooms, offices, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Equipment (furnishing, machinery, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Services (health, food, housing, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other _____

Describe the space needed to house the project (include labs, square footage, proposed location, etc.)

Will matching funds be required for the project? ☐ Yes ☐ No If "yes", indicate below how this requirement will be met.

Total matching funds required: _____

Sources of Matching:

- | | |
|---|----------|
| A. Institutional Resources (cash) | \$ _____ |
| B. In-kind personnel services | \$ _____ |
| C. In-kind support services (i.e., computer, time, phone, etc.) | \$ _____ |
| D. In-kind supplies, equipment, furnishings | \$ _____ |
| E. Other (i.e., office space, etc.) | \$ _____ |

Will student(s) be employed by the project? ☐ Yes ☐ No If "yes", indicate how many _____

Will the project require new faculty or staff? ☐ Yes ☐ No If "yes", please list positions to fill.

Note: Consultants will be employed for duration of project.

Will other College employees be required to devote time to the project? ☐ Yes ☐ No

If yes, will the employee be reimbursed for employee time and effort? ☐ Yes ☐ No

Project requirements (Check the appropriate box if the proposal requires any of the following):

- | | | |
|---|--|---|
| <input type="checkbox"/> Conference/Public Presentation | <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Biohazards Review |
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Student Support | <input type="checkbox"/> Faculty Release Time |
| <input type="checkbox"/> None Apply | | |

Brief Explanation for Above _____

What commitments will be required beyond the date of project funding? ☐ None ☐ Absorption

☐ Other _____

CERTIFICATE FOR APPROVAL

By signing below the designated Campus Representative(s) have approved this authorization form.

PI/Project Director: _____ Date: _____

Division Dean, Chair, Vice President: _____ Date: _____

VP/Provost: _____ Date: _____

Please return to the office below at least 45 business days before writing actual proposal:

Office of the Vice President of Instruction & Accreditation/Provost

CTE Building

Office#: (662) 246-6317

Do Not Write Below This Line – For Office Use Only

☐ **Approved**

Proposal Number: _____

☐ **Disapproved – This proposal was not approved for the following reasons:**

President: _____

Date: _____

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Waunita Roberts Jones, Director of Human Resources, Stauffer-Wood Administration Building, Suite 144, Office 145, P. O. Box 668, Moorhead, MS 38761, 662-246-6309; EEOC@msdelta.edu.