



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.) Yes No
- Equipment (furnishing, machinery, etc) Yes No
- Services (health, food, housing, etc.) Yes 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):

- Conference/Public Presentation
- Animal Welfare
- None Apply
- Human Subjects
- Student Support
- Biohazards Review
- Faculty Release Time

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/Administrative Services: _____ Date: _____

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

Office of the Vice President of Administrative Service
Tanner Building
Office#: (662) 246-6304

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 race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.