

CT STATE GRANT DEVELOPMENT AND PROPOSAL SUBMISSION REVIEW PROCESS

CONTEXT

- This process is to be followed when seeking funding from external funding sources only, not for campus requests to your local Foundation for funding
- Achieve better coordination amongst all grant activity (ex. Community Based, Federal, State, Corporate Foundations, Consortium)
- Achieve grant alignment with CT State Strategic Plan
- Achieve better compliance, grant budget development, and streamlined reporting
- Federal and State grant proposals, with an effective date of 7/1/23 and forward, should be submitted under CT State. State grants such as SNAP and Perkins will be submitted in a unified application to the funder.

PROCEDURE

- Those developing a grant proposal should complete Form A for review and approval to proceed with the Grant Proposal Application (Form B).
- The developer of the grant proposal/project leader is responsible for obtaining the required approval signatures at the end of Form A. Allow one week for review and approval from the Office of Sponsored Programs (Executive Director of Sponsored Programs/Executive VP of Strategic Partnerships & Enterprise Performance).
- Once Form A is approved, the grant project proposal may proceed to Form B.
- Grant proposal submissions on Form B must be submitted for review and approval at least two weeks prior to the grant submission due date. (The developer of the grant proposal/project leader should keep in mind the grant submission due date and the time needed for the grant proposal review and approval process)
- An approved Form A, Intent to Develop a Grant Proposal Application, must be included when submitting Form B, Completed Proposal for Review and Approval, and have the required approvals prior to submission of the grant proposal to the funder or full grant development.
- If the grant proposal is campus specific, the form should be approved by the CEO prior to submission to the Office of Sponsored Programs (Executive Director of Sponsored Programs/Executive VP of Strategic Partnerships & Enterprise Performance)
- If the grant proposal is from a functional area, both forms should be approved by the VP of the functional area and the campus CEO prior to submission to the Office of Sponsored Programs (Executive Director of Sponsored Programs/Executive VP of Strategic Partnerships & Enterprise Performance)

- Refer to Budget Definitions when completing the Proposed Budget section.

BUDGET DEFINITIONS

Direct Cost Share: Portion of total grant project cost not supported by the grant. Effort devoted to the project paid by college operating funds. Example: fiscal administration of cash and accounting, supplies, or equipment needed to run the grant programming.

Indirect Cost Share: College expenses that represent the expense of doing business that are not readily identifiable with a particular grant but necessary for the operation of the grant. Examples: space, utilities, IT support.

In Kind Share: Expenses the college commits and identifies that will directly contribute to the grant/project. Examples: Support of staff/administration to purchase goods/services for the grant, HR time to hire employees on the grant.

<p>1. Intent to Submit Grant Application:</p>	<p>I am notifying college/campus of my interest in submitting a grant proposal to an external funding source. Submitted by: _____ Project Leader(s) : _____ Date: _____</p>
<p>2. Project Proposal Title</p>	
<p>3. Campus applying for grant</p>	
<p>4. Campuses engaged in grant activities</p>	
<p>5. Grant funding source:</p>	
<p>6. Submission deadline:</p>	
<p>7. Funding Opportunity Title:</p>	
<p>8. Funding Opportunity Number (if available):</p>	
<p>9. Did this project receive your immediate supervisor's approval? (required)</p>	<p>Date approved: _____ By whom: _____</p>
<p>10. Expected grant award amount:</p>	
<p>11. Grant performance period:</p>	<p>Begin: _____ End: _____</p>
<p>12. Is this for continuation of an existing project?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide prior grant fund number or describe how project was funded:</p>
<p>13. Project partner(s):</p>	
<p>14. Project leader and team/department:</p>	
<p>15. Check the box next to the strategic priorities that the project will support.</p>	<p><input type="checkbox"/> Student Success Pathways <input type="checkbox"/> Student Life Experience/Wrap-Around Services <input type="checkbox"/> Instructional Program Development/Support <input type="checkbox"/> Workforce Development <input type="checkbox"/> Diversity, Equity, and Inclusion <input type="checkbox"/> Infrastructure Innovation/Strategic Partnerships <input type="checkbox"/> Other: Specify _____</p>
<p>1. Provide a summary of the project:</p>	
<p>2. List the project goal(s) and objective(s):</p>	

APPROVALS

Title	Signature	Date
CT State Campus President/CEO		
CT State VP/AVP of functional area, where applicable		
CT State Executive Director of Sponsored Programs/Executive Vice-President for Strategic Partnerships & Enterprise Performance		

<p>1. Intent to Submit Grant Application: Please do not submit Form B unless Form A has been completed and approved.</p>	<p>I am notifying college/campus of my interest in submitting a grant proposal to an external funding source. Submitted by: _____ Project Leader(s) : _____ Date: _____</p>
<p>2. Provide a summary of the project:</p>	
<p>3. Is Form A attached with this application?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. List any changes to the project goal(s) and objective(s):</p>	

PROPOSED BUDGET					
List grant line items below or attach an itemized grant budget:					
Item	Total Cost	Amount Supported by Grant Funds	Amount Supported by College Cost Sharing*		
			Direct Cost Sharing*	Indirect Cost Sharing*	In-Kind Contributions*
TOTALS					
Refer to the Budget Definitions on the CT State Grant Development and Proposal Submission Review Process Statement*					

CT State Completed Proposal for Review and Approval Application

<p>5. Final sign-off on project budget from CT State Budget and Finance:</p>	<p>Campus Budget and Finance Sign-off: Name and Title: _____ Date: _____</p> <p>CT State Budget and Finance Sign-off: Name and Title: _____ Date: _____</p>
<p>6. Will you require any IT services to carry out the project?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please describe IT services required:</p>
<p>7. Will the grant require and modifications to infrastructure? (renovation, electrical, or HVAC requirements)</p>	<p>If yes, please describe the extent:</p>
<p>8. Will the project involve any human subject research requirements?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9. Describe evaluation and assessment plans and/or involvement of Institutional Research and Planning:</p>	
<p>10. Will you require any Institutional Research and Planning services to carry out the project?</p>	<p>If yes, please describe IR and P services required:</p>
<p>11. Describe the involvement of HR if there is a hiring of personnel on the grant:</p>	
<p>12. Are there operating funds committed by the campus or functional area to support the grant?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide percentage or dollar amount:</p>
<p>13. Are matching funds required from CT State campus or college?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide percentage or amount:</p>
<p>14. Are leverage funds included in the proposal from CT State or college?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide percentage or amount:</p>
<p>15. Does the grant allow for indirect costs?</p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide percentage or amount: If yes, are there restrictions for indirect cost use:</p>
<p>16. Describe College's obligation to commit cost share (The portion of allowable project costs not paid by grant funds):</p>	

CT State Completed Proposal for Review and Approval Application

See details provided by Budget and Finance:	
17. Are there requirements in the grant to institutionalize programming or personnel after the grant has ended?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe the extent:
18. How will the project be sustained and funded after the grant period has expired?	

APPROVALS		
Title	Signature	Date
(E)VP/Campus President/CEO, where applicable:		
VP/AVP of functional area, where applicable:		
Executive Director of Sponsored Programs/ Executive Vice-President for Strategic Partnerships & Enterprise Performance		
CT State President		