

Diné College

GRANT PROPOSAL APPROVAL FORM

Applicable signatures required ten (10) working days prior to the day of proposed Grant submission

Submission Deadline:		
Matching Funds Required:	Yes	No
Cost Sharing Required:	Yes	No
Indirect Cost Recovery Rate (ICRR) Applied:	Yes	No
Institutional Partnership Involved:	Yes	No

1) GRANT PROPOSAL - CONCEPT OVERVIEW	
Grant Proposal Title:	
Proposed PI, PD or Co-PI/PDs:	
Proposed Alternative PI or PD:	Name of 1 st Alternative: Name of 2 nd Alternative:
Proposed Duration and Dates:	If funded, duration (months/years): Anticipated Begin Date: End Date:
Type of Project <i>(Check all that apply):</i>	New Project Continuation of Existing Project Faculty/Professional Development Student Development Program/Curriculum Development Research Activity Creative Activity Public/Community Activity IT Infrastructure Maintenance/Construction Other, describe:
Proposal Type:	Academic Proposal Academic Support
Partnership:	If "Yes", describe: Lead Institution: Sub-recipient Institution:
Mission Alignment <i>(describe):</i>	

Correlation to Strategic Goals (*describe*):

Description of Proposal:

Impact on Diné College Programs:

Yes No

If "Yes", briefly describe:

2) GRANT PROPOSAL - FUNDING OVERVIEW	
Approx. Budget Request:	\$
Matching Funds:	If "Yes", Amount Required: \$
Total Cost Sharing Required:	If "Yes", Cash Amount Required: \$
	If "Yes", In-kind Amount Required (briefly describe):
Funding Details:	Federal a) Agency Name: b) Program Name: c) Funding Mechanism: Competitive Sole-source
	State [Select One: AZ NM UT] a) Dept./Division Name: b) Program Name: c) Funding Mechanism: Competitive Sole-source
	Private Foundation a) Name: b) Location: c) Funding Mechanism: Competitive Sole-source
	Corporate Foundation a) Name: b) Location: c) Funding Mechanism: Competitive Sole-source
	Private Donor a) Name: b) Location: c) Funding Mechanism: Competitive Sole-source
	Non-Governmental Organization (NGO) a) Name: b) Location: c) Funding Mechanism: Competitive Sole-source
	Additional Details:
ICRR Applied:	If "Yes", Rate (%):
Required Assurances:	Briefly describe required assurances:
	Documents attached describing assurances? Yes No

3) GRANT PROPOSAL - INFORMATION TECHNOLOGY OVERVIEW	
IT Requirements:	Technician hours to set-up equipment: Yes No College responsible for purchasing equipment: Yes No Additional IT cabling and wiring required: Yes No
	Other (describe):
Information Technology Department Informed:	Yes No
	If "Yes", Date Informed:

4) GRANT PROPOSAL - PERSONNEL OVERVIEW				
New Personnel Required: <i>(Attach additional information as needed)</i>	Yes No , If "Yes", populate table below:			
	Title	Full-time	Part-time	Anticipated Start Date
				Anticipated End Date
Existing Personnel Involved: <i>(Attach additional information as needed)</i>	Yes No , If "Yes", populate table below:			
	Name	Title	Workload %	Workload Semesters
Diné College Departmental Collaboration:	Yes No			
	If "Yes", describe:			
Continuing Salary Commitment for Personnel:	Yes No			
	If "Yes", describe:			
Student Employment <i>(Check all that apply):</i>	Yes No			
	Navajo Nation Workforce College Work Study Internship Other			
	Description:			
Human Resources Department Informed:	Yes No			
	If "Yes", Date Informed:			

5) GRANT PROPOSAL - FACILITIES OVERVIEW

Campus/Center Impact(s):	Single Campus/Center , Multi-Campuses/Centers
	Name(s) of Impacted Campus(es)/Center(s):
	Describe Anticipated Impacts:
Additional Space Required <i>(Check all that apply):</i>	Yes No
	Office Conference Space Computer Lab Classroom Research Lab Dormitory Space Use of College Grounds Other
	Description:
College Space Renovation Required:	Yes No
	If “Yes”, describe:
Facilities Department Informed:	Yes No
	If “Yes”, Date Informed:

6) GRANT PROPOSAL - OTHER RELEVANT INFORMATION

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7) GRANT PROPOSAL - REVIEW & APPROVAL PAGE

PROPOSER

Proposer (signature) **Date**

Proposer Name/Title:

Department/Office:

INSTITUTIONAL GRANTS OFFICE (IGO)

IGO Director (signature) **Date**

Name: Amanda McNeill

REVIEW AND CONCURRENCE

Department Head / Division Chair (signature) **Date**

Name/Title:

Dept./Division:

Concur Non-Concur

Academic Dean (signature, if applicable) **Date**

Name: Abraham Bitok

Department: Academics

Concur Non-Concur

Vice President (signature) **Date**

VP of Admin/Finance , VP of Student Success , VP of Institutional Advancement

Name:

Concur Non-Concur

OFFICE OF THE PRESIDENT

President of Diné College (signature) **Date**

Name: Dr. Maggie L. George

Approved Denied

8) GRANT PROPOSAL - MODIFICATION PAGE

The completion of this attachment is required if modifications have been applied to the grant proposal after the *Grant Proposal Approval Form* has been approved by the College President.

Approval of Modification Summary Due: 24 hours before Grant submission

MODIFICATION TYPE

(Check all that apply, describe and/or attach documentation that clarifies each modification)

Description of Modification:

Grant Proposal Concept	
Funding	
Information Technology	
Personnel	
Facilities	
Other	

PROPOSER

Proposer (signature)

Date

Proposer Name/Title:

Department/Office:

REVIEW AND CONCURRENCE

Department Head / Division Chair (signature)

Date

Name/Title:

Dept./Division:

Concur

Non-Concur

Academic Dean (signature, if applicable)

Date

Name: Abraham Bitok

Department: Academics

Concur

Non-Concur

Vice President (signature)

Date

VP of Admin/Finance, VP of Student Success, VP of Institutional Advancement

Name:

Concur

Non-Concur

OFFICE OF THE PRESIDENT

_____ Approved Denied
President of Diné College (signature) **Date**
Name: Dr. Maggie L. George