



PRELIMINARY GRANT ASSESSMENT FORM

This form must be submitted and approved before beginning development of any grant application.
Complete all required sections before submitting. *Incomplete forms will be returned.*

Name of Employee Submitting Form:				
Department:				
Phone Number:				
Email:				
Funding Opportunity Name:				
Proposal Due Date to Funding Agency:				
Funding Opportunity Award Range (\$):				
Performance Period:	Start Date:		End Date:	

Grant Funding Type:

- ☐ State
☐ Federal
☐ Foundation
☐ Private
Other:

Grant Requirements:

- ☐ Financial Match
☐ In-kind Match
☐ Partnerships:
☐ Industry
☐ K12
☐ Higher Education
☐ Workforce Board
☐ Other:

Working Title for Concept:	
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I. DESCRIPTION OF CONCEPT

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II. PROPOSED INSTITUTIONAL IMPACT & CONSULTATION NEEDS

Is Redwoods Community College District required to act as a fiscal agent to a subawardee(s)?

☐ Yes ☐ No

If yes, subrecipients must be informed of CR's indirect rate and that all disbursements are reimbursement-based.

Does this work plan include curricular changes/development?

If yes, briefly explain:

Stipends or Reassignment needed?

☐ Yes ☐ No

If yes, please describe:

Will hiring of grant-funded positions be required?

☐ Yes ☐ No

If yes, select the appropriate option(s) below:

☐ Student Workers

☐ Faculty

☐ Temporary Employees

☐ Classified Staff

Does this proposal involve: Facilities, IT or equipment purchases?

☐ Yes ☐ No

If yes, please include what individuals/departments will need to be included in the proposal development:

III. INSTITUTIONAL ALIGNMENT

Briefly Describe how the concept aligns with Vision 2030, Program Review and/or the Education Master Plan and College Mission:

IV. APPLICATION DEVELOPMENT, ROLES & RESPONSIBILITIES

This section helps identify whether the District has the resources to support the development of this grant proposal. Please address who will be responsible for developing each aspect of the proposal:

PROJECT ROLE	NAME & TITLE	PROJECT RESPONSIBILITIES
Project Lead		
Proposal Writing		
Proposal Editing		
Budget Development		
Project Planning		
Data/Information		
Other:		
Other:		
Other:		

V. APPENDIX

ATTACH: Copy/link to Grant RFA and any supporting documentation including any feasibility consultations with interal and external partners.

FILE NAME	DESCRIPTION	ATTACHMENT/LINK

Upon Cabinet approval, the Grants Office will corrdinate with project lead(s) on application development, final cabinet approval prior to submission, and submittal to fudning agency.

Please review [AP 3280](#) regarding CR's Grant Policy:

By signing below, I confirm that I have reviewed the preliminary grant opportunity information above and support the proposed Project Director in moving forward with further developing the grant application.

Concept Submitted by:	Name:	Signature:	Date:
Dean/Director:	Name:	Signature:	Date:
Department Dean/ Director Feedback attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
Senior Staff:	Name:	Signature	Date:
Senior Staff Feedback attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

GRANT DEPT. USE ONLY

Grant Dept. Review & Consultation Meeting	Date Occurred:	
Preliminary Grant Assessment Tracking #:		
Grant Department Feedback:		

CABINET USE ONLY

Cabinet Review Date:

Cabinet Recommendation:

☐ Yes, Cabinet approved the concept and supports the development of a full application/proposal.

☐ No, Cabinet does not approve the concept or support the development of a full application/proposal.

☐ Cabinet requests additional information before a decision can be made.

Cabinet Feedback: