

INTENT TO SUBMIT A PROPOSAL FORM

Date			
From			
College		Department	

Grant Type	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> City/Local	<input type="checkbox"/> Corp/Private/NFP
Funding Agency				
Grant Opportunity Title				
Potential Award Amount		Application Deadline		

Overview of Funding Opportunity				
Description of Program/Concept				
Fund Match/Cost-Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alignment with Reinvention Goals (Performance and/or Organizational Health)				
Potential Benefit or Impact to CCC				

Contact Person		Phone		Email	
College President/ Vice Chancellor Signature/Approval				Date	
Executive Vice Chancellor Signature/Approval				Date	

Below For Use by Office of Development

Pass-through Money Yes ☐ No ☐

	<input type="checkbox"/>	<input type="checkbox"/>		
Date Received	PURSUE	DO NOT PURSUE	Signed By	Date Reviewed