

TRITON COLLEGE

Grant Pre-Proposal Approval Form

Triton Employee Initiating Request: _____ Date: _____

Employee status (select one): Faculty Staff Administrator

Title: _____

Department: _____

Submitted to Grants Development Office (E-317) for Review and Approval: Yes No Date: _____

Project Name: _____

Funding Agency: _____

Amount Requested: _____ Type: New Renewal Competitive

Match Requirement: None Cash In-Kind Amount: _____

Source(s) of Cash Match: _____

In-Kind College Resources Required: Personnel Facilities Equipment Supplies _____
Photocopying Vehicles Other

List Other: _____

Will any new positions be created? Yes No If so, how many? _____

Will additional space be required to house this project? Yes No

If so, how much? _____

Duration of Project _____ Start Date: _____ End Date: _____

Does this project require Triton College to enter into a Consortium or Partnership Agreement? Yes No

If so, please list the partnering organizations _____

TRITON INTERNAL DEADLINE: _____ FUNDING AGENCY DEADLINE: _____

Does this project fit within Triton's mission and strategic plan? Yes No

Which Action Area(s): Increase College Readiness Improve College Completion Rates Close Skills Gaps

