

Purpose: SLCC policy (2 Section C1S02.1) states that private and public proposals must be coordinated with the Development Office and approved by Cabinet. This requirement:

- Ensures campus-wide coordination and appropriate administrative oversight;
- Eliminates multiple requests to the same funding source;
- Fosters exploration of collaborative opportunities to maximize the benefits to the campus community; and
- Ensures narrative and financial compliance.

Instructions:

- 1) **Signatures Page** - Must accompany the proposal throughout the approval process, and must be signed as required.
- 2) **Concept Approval Form** - Fill out as indicated. Make certain all fields are complete. Submit form with signature page to Institutional Advancement.
- 3) **Final Approval Form** - Fill out as indicated. Submit form, signature page, and a copy of the full proposal to Institutional Advancement at least four (4) days prior to the submission deadline.

Private Funding Proposal Approval Signatures Page

Project Title:

Foundation/Corporation/Donor:

Request Amount

Submission Deadline:

Concept Approval

Initiator:

Print Name

Signature

Date

Dean/Director:

Print Name

Signature

Date

Development Office:

Print Name

Signature

Date

Vice President:

Print Name

Signature

Date

Cabinet Approval:

Print Name

Signature

Date

Business Services Approval

Budget Office:

Print Name

Signature

Date

Final Approval

Initiator:

Print Name

Signature

Date

Dean/Director:

Print Name

Signature

Date

Development Office:

Print Name

Signature

Date

Vice President:

Print Name

Signature

Date

Cabinet Approval:

Print Name

Signature

Date

Concept Approval Form

Project Title:

Project Initiator:

Department:

Phone Number:

Foundation/Corporation/Donor:

Request Amount:

Submission Deadline:

Projected Period of Performance:

Project Summary: (Include the need this project will address, the population it will serve, the expected outcomes, and anticipated project dates.)

Project Management: (Describe SLCC project administration team.)

External Partnerships: (Describe external partners and their roles in the project.)

Estimated Project Budget: (Complete the following table using the best estimate of costs.)

ITEM	REQUESTED AMOUNT
Salary	
Benefits	
Equipment	
Travel	
Supplies	
Facilities	
Other	
TOTAL	

Budget Narrative: (Briefly describe budget line items.)

Final Approval Form

Project Title:	
Project Initiator:	Phone Number:
Department:	
Foundation/Corporation/Donor:	
Submission deadline:	

Project Outcomes and Deliverables: (List the final outcomes and products to be developed using grant funds.)

Summary Budget:

Total Project Budget:

Total Request:

(Insert Budget Expense Table)

ITEM	
Salary	
Benefits	
Equipment	
Travel	
Supplies	
Facilities	
Other	
TOTAL	

Letters of Support / Commitment: (List any letters of support received and attach copies.)

***** Submit this form, the signature page, and a copy of the full proposal (including copies of letters of support, if applicable) at least ten (10) days prior to submission deadline. *****