



Office of Grant Development and Management LAUNCH PAD

General Information

PROJECT TITLE

Sample Launch Pad

REQUEST SUBMITTED BY

Michaela Brehm

EXTENSION

3749

EMAIL

DEPARTMENT DEAN

Dr. Don Miller, VP Academic Affairs

Project Team

DIRECTOR/COORDINATOR

EXTENSION

DIVISION

WRITER (IF DIFFERENT)

OTHER GRANT TEAM MEMBERS

OTHER GRANT TEAM MEMBERS

GRANT PROGRAM TITLE

GRANT NUMBER

HAS A SPECIFIC GRANT OPPORTUNITY BEEN IDENTIFIED FOR THIS PROJECT?

WHO IS THE FUNDING SOURCE?

FUNDING AGENCY

PROPOSAL DEADLINE

TOTAL \$ REQUESTED

PERFORMANCE PERIOD

NUMBER OF MONTHS/YEARS

PARTNER ORGANIZATION

Project Description

WHAT SPECIFIC NEED OR PROBLEM WILL THE PROJECT ADDRESS?

WHO WILL THE PROJECT SERVE? HOW MANY?

HOW WILL THE PROJECT IDENTIFY THEM?

WHAT ARE THE PROJECT'S OBJECTIVES AND EXPECTED OUTCOMES?

WHERE WILL THE PROJECT BE CARRIED OUT?

HOW WILL YOU MEASURE SUCCESS?

Data Collection Requirements

WHAT KIND OF DATA WILL YOU NEED TO SUPPORT THIS GRANT APPLICATION?

WHERE ARE YOU PLANNING ON OBTAINING THIS INFORMATION?

DO YOU KNOW WHAT KIND OF EVALUATION DESIGN IS REQUIRED?

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION PLEASE DESCRIBE WHAT DATA OR INFORMATION WILL BE REQUIRED TO SUPPORT THE EVALUATION:

WILL YOU BE DOING AN INTERNAL OR EXTERNAL EVALUATION?

IF THIS PROJECT REQUIRES EXTERNAL EVALUATION PLEASE DESCRIBE WHAT TYPE OF SUPPORT WILL BE REQUIRED FROM IRP TO THE EXTERNAL EVALUATOR:

EXPLAIN HOW THE PROJECT RELATES TO COLLEGE AND/OR YOUR DIVISION PLAN?

LIST THOSE ACTIVITIES EXPECTED TO CONTINUE AFTER THE GRANT ENDS:

HOW WILL THE ACTIVITIES BE SUPPORTED?

Indirect Costs

WHAT IS THE MAXIMUM PERCENTAGE ALLOWED BY THE FUNDING AGENCY?

Matching Funds

ARE MATCHING RESOURCES REQUIRED?

PLEASE INDICATE THE SOURCE

PLEASE INDICATE WHICH

Personnel

WILL THERE BE ANY GRANT-FUNDED STAFF?

Facilities

LIST THE FACILITIES AND/OR EQUIPMENT THE COLLEGE WILL NEED TO PROVIDE FOR THIS PROJECT:

Institutionalization

WHAT IS THE EFFECT ON THE COLLEGE AND/OR DIVISION IF THE PROJECT IS CONTINUED (INSTITUTIONALIZED) AFTER FUNDING (I.E. NEW CURRICULUM DEVELOPED, INCREASED FTE'S BY X%, NEED FUNDS FOR SOFTWARE MAINTENANCE, NEED FUNDS FOR GRANT STAFF, ETC? MARK ALL THAT APPLY:

ADDITIONAL INFORMATION/COMMENTS? PLEASE INCLUDE THEM IN THE SPACE PROVIDED BELOW:

To trigger the review process, please accept the statement, sign, and save the form. The Grant Development Department will review and contact you shortly with further instructions.

SIGNATURE OF SUBMITTIER

By checking the box in this section of this Rio Hondo Launch Pad online document I, (1) acknowledge that I have followed the policies and procedures of the Office of Grant Development and Management to the best of my ability to complete this form, and (2) certify that the information I have provided on this form is complete and accurate to the best of my knowledge; and (3) I acknowledge that by checking the box in this section it is a representative act of my sole signature and not that of any other individual.

ACCEPT STATEMENT

- ☐ I Agree

SIGNATURE OF SUBMITTER

Michaela Brehm

ENTRY DATE

08/14/2023

GRANT DEVELOPMENT DEPARTMENT USE ONLY

SIGNATURE OF DEAN: By applying my electronic signature in this section of this Rio Hondo Launch Pad online document I, (1) acknowledge that I am aware, permit and support the activities described in this form by the submitter, and (2) I acknowledge that the activities described in this form are both in alignment with the goals and objectives of this institution, and in alignment with the departmental goals and program(s), and; (3) I approve this submission for further pursuit of Grant Funding by continuing further with the policies and procedures of the Office of Grant Development and Management.

SIGNATURE

DATE

SIGNATURE OF DIRECTOR OF GRANT DEVELOPMENT AND MANAGEMENT: By applying my electronic signature in this section of this Rio Hondo Launch Pad online document I, Michaela Brehm (1) acknowledge that I have enforced the policies and procedures of the Office of Grant Development and Management to the best of my ability to assist in completion this form with the submitter, and (2) certify that the information I have added to, edited, enhanced, or provided on this form is complete and accurate to the best of my knowledge.

SIGNATURE

DATE

Final Approval (to only be completed by those indicated below)

SUPERINTENDENT/PRESIDENT

DATE

VP ACADEMIC AFFAIRS

DATE

VP STUDENT SERVICES

DATE

VP FINANCE & BUSINESS

DATE

VP HUMAN RESOURCES

DATE