

## **Intent to Apply for a Grant Proposal**

| Contact Information                                         |                      |                            |         |                      |          |
|-------------------------------------------------------------|----------------------|----------------------------|---------|----------------------|----------|
| Primary Contact Name/Title                                  | -                    |                            |         | Date                 |          |
| Department/Office                                           |                      |                            |         |                      |          |
| Email                                                       |                      |                            | Phone   |                      |          |
|                                                             |                      |                            |         | Date                 |          |
|                                                             |                      |                            | Phone   |                      |          |
| Participating Faculty and Sta                               | aff Who Will Work on |                            |         |                      |          |
| Name                                                        |                      | Chaffey Title              |         | Grant Responsibility | % Effort |
|                                                             |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
| Human Resources Approval                                    | •                    |                            | Date    |                      |          |
| New grant funded positions<br>Position Title/Classification |                      | Grant Responsibility       |         |                      | % Effort |
| Faculty                                                     |                      | . ,                        |         |                      |          |
| Classified Staff                                            |                      |                            |         |                      |          |
| Other                                                       |                      |                            |         |                      |          |
|                                                             |                      |                            |         |                      |          |
| Sponsoring Agency Informa                                   | tion                 |                            |         |                      |          |
| Sponsoring Agency                                           |                      |                            |         |                      |          |
| Is this a subaward? ☐Yes                                    | □No If yes, w        | ho is the primary sponsor? |         |                      |          |
| Sponsor Type Choose an                                      | n item.              | If other, please specify   |         |                      |          |
| Name of the grant program                                   |                      |                            |         |                      |          |
| Agency Due Date (mm/dd/y                                    |                      | Project Period:            | Begin ( | date End da          | ate      |
| Site of majority of work                                    | <br>☐ Chino Campus   | Rancho Campus              |         |                      |          |
|                                                             | <br>□ Fontana Campus | Other, please spe          | cify    |                      |          |
| Is this application in respons                              | ·                    |                            |         | □No                  |          |
| Announcement URL:                                           |                      |                            |         |                      |          |

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| Budget Information/Fiscal Impact                                                                                                                                              |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Approximate budget request:                                                                                                                                                   |  |  |  |  |  |
| Does the sponsor allow Facilities & Administrative (F&A) costs?                                                                                                               |  |  |  |  |  |
| Is cost-sharing/matching required?   Yes   No   Source of cost share/match                                                                                                    |  |  |  |  |  |
| Will additional space be required to conduct this project? □Yes □No                                                                                                           |  |  |  |  |  |
| Will alterations/renovations of facilities be required to conduct this project? ☐Yes ☐No                                                                                      |  |  |  |  |  |
| Will equipment be purchased as a result of this project? (see Grants Manual for definition)   ☐Yes ☐No If yes to any of the above, please describe:                           |  |  |  |  |  |
| At the end of the funding period, the project will:                                                                                                                           |  |  |  |  |  |
| Institutional Impact                                                                                                                                                          |  |  |  |  |  |
| The proposed project addresses the following (check all that apply):  Chaffey Goals:                                                                                          |  |  |  |  |  |
|                                                                                                                                                                               |  |  |  |  |  |
| ☐ Goal 1: Equity and SuccessChaffey College will be an equity-driven college that fosters success for all students.                                                           |  |  |  |  |  |
| ☐ Goal 2: Learning and CompletionChaffey College will ensure learning and timely completion of students' educational goals.                                                   |  |  |  |  |  |
| ☐ Goal 3: Community Opportunities and NeedsChaffey College will develop and maintain programs and services that maximize students' opportunities and reflect community needs. |  |  |  |  |  |
| ☐ Goal 4: TechnologyChaffey College will optimize the use of technological tools and infrastructure to advance institutional efficiency and student learning.                 |  |  |  |  |  |
| ☐ Goal 5: EfficiencyChaffey College will efficiently and effectively manage systems, processes, and resources to maximize capacity.                                           |  |  |  |  |  |
| $\Box$ Goal 6: AgilityChaffey College will responsively adapt to changes in students' academic and career needs.                                                              |  |  |  |  |  |
| ☐ Goal 7: Professional LearningChaffey College will prioritize and align professional learning for all employees to support the achievement of Chaffey Goals.                 |  |  |  |  |  |
| Describe the Program area(s) affected by the project.                                                                                                                         |  |  |  |  |  |
|                                                                                                                                                                               |  |  |  |  |  |
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|                                                                                                                                                                               |  |  |  |  |  |
| Describe the potential populations affected by the project and number of persons served.                                                                                      |  |  |  |  |  |
| Describe the potential populations affected by the project and number of persons served.                                                                                      |  |  |  |  |  |
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## **Approvals**

| I certify the information provided is accurate and complete to the best of my knowledge. If this proposal results in a grant, contri | ac |
|--------------------------------------------------------------------------------------------------------------------------------------|----|
| or cooperative agreement, I will accept full responsibility for the implementation, execution and management of the project.         |    |

| Principal Investigator/Project Director Name & Title | Signature | Date |
|------------------------------------------------------|-----------|------|
|                                                      | _         |      |
|                                                      |           |      |
|                                                      |           |      |
|                                                      |           |      |
| Dean/Immediate Supervisor Name & Title               | Signature | Date |

Please attach a project abstract containing the following critical information (2-3 pages max please):

- Brief overview of the project
- Brief outline of need (may include short descriptors with hyperlinks to relevant data/studies/reports)
- Goals and measurable objectives
- Brief description of key project activities with timelines and persons responsible

In addition, please submit an initial draft line-item budget which outlines all grant and district required related expenses (does not count towards the 2-3-page max abstract). Please be sure to indicate if there is a match requirement; as well as, which funding source(s) you've identified to meet this requirement. Intent to Apply Forms that do not include an abstract and line-item budget, as outlined above, will not be reviewed by the Grants Development and Management Core Review Team.

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