

Sinclair Community College Proposal Transmittal Form

Proposal Data

Project Director _____ Proposal Number _____

Division _____ Core Indicator _____

Project Title _____

Funding Agency _____

Start Date _____ End Date _____ Deadline _____ Deadline Type _____

Number of Copies Submitted _____ Send Via _____

Budget Data

Funding Agency

Sinclair Matching

Sinclair In-Kind

Other Matching Funds

Source

Total

Personnel:

The following will fund personnel costs of the grant? Personnel workloads will be covered by:

- Hiring New
 - Reassigning existing employee(s) to the project; employee(s) current workload will be:
 - Covered without additional expenditure to Sinclair Community College
 - Covered by overload or part-time employee(s) effort
 - Covered by hiring temporary replacement(s)
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Approvals

1. Director of Grants Development

Date

2. Grants and Contracts Accountant

Date

3. Vice President and Chief Financial Officer

Date

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Project Title _____

Proposal Abstract:

Comments: