

YCCD OFFICE OF THE VICE CHANCELLOR, EDUCATIONAL PLANNING AND SERVICES
GRANT PROPOSAL COORDINATION SHEET

Draft #2: 11/12/09

Project Information:

Proposal Title: _____

Project Executive Summary – Page #s: _____ Project Narrative – Page #s: _____

Project Director/Principal Investigator: _____

Title of Director/PI: _____ E-mail: _____

College/Outreach Ctr: _____ Director/PI Phone Number: _____

Collaborating Institution(s):

(1) Institution: _____ Contact Name: _____ Phone/E-mail: _____

(2) Institution: _____ Contact Name: _____ Phone/E-mail: _____

(3) Institution: _____ Contact Name: _____ Phone/E-mail: _____

Agency Transmittal Data:

Agency Name: _____ Internal Deadline: _____

Attention (Name): _____ Agency Deadline: _____

Street Address: _____

_____ Postmark
_____ Receipt

Bldg./Room: _____ Number of Copies: _____

City/State/Zip: _____ Special Instructions: _____

Agency Phone: _____

Agency E-mail: _____

Sponsor Type: _____ Federal _____ State of Calif. _____ Corporation _____ Foundation _____ Other

Proposal Type: _____ Prelim. _____ New _____ Continuation _____ Supplement

(Continuation or Supplement: Current Grant Account No. _____)

Activity Type: _____ Instruct. _____ Community Service _____ Research _____ Other

Compliance Reviews:

(1) Does this project propose the use of animals: _____ Yes _____ No

(2) Does this project propose the use of hazardous materials: _____ Yes _____ No

(3) Will project require capacity modifications for housing/operating equipment, etc: _____ Yes _____ No

(4) Has Information Technology been consulted regarding project's IT requirements: _____ Yes _____ No

