



# NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

## PROCEDURES FOR CONCEPT PAPERS

This form is to be used for all **NEW** external grants.

### Campus Level:

- Project Coordinator/Director completes the Concept Paper form and prepares it for approvals.
- The required approvers are: District Grants Director; Project Coordinator/Director; Project Administrator; Campus Budget Officer; reporting Vice President; and President.
- Once signatures have been obtained, the original Concept Paper is forwarded to the Vice Chancellor, Educational Services and Technology.

### District Level:

- The Vice Chancellor, Educational Services and Technology reviews, signs, and approves the Concept Paper.
- The District's grants office returns a fully-executed copy of the Concept Paper to the Project Administrator. The original Concept Paper is filed in the District's grants office.

### Important Notes:

- Concept Papers **MUST** be received by the Vice Chancellor, Educational Services and Technology **at least six weeks prior to the funder's deadline**. (Please contact the District Director, Grants at (714) 808-4866 if there are any problems involved in meeting this deadline).
- Concept Papers **MUST** include all signatures in order to be processed through the District.
- Concept Papers **MUST** include a budget summary and match requirement (if applicable), needs statement, and any proposal and/or funding agency guidelines when they are submitted to the District. (If you are unable to submit the budget at that time, please contact the District Director, Grants at (714) 808-4866 to discuss other available options.)
- All new grants **MUST** originate with a Concept Paper and follow the delineated approval process. In case of extenuating circumstances where it is not possible or impractical to do so, please contact the District's grants office before submitting any proposals to the funding agency.



# NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

## CONCEPT PAPER

(To be used for all new grants)

FUNDING SNAPSHOT:		
<b>Today's Date:</b>	<b>Site:</b> <input type="checkbox"/> Cypress <input type="checkbox"/> Fullerton <input type="checkbox"/> NOCE <input type="checkbox"/> District Services	<b>Check one:</b> <input type="checkbox"/> Lead Applicant <input type="checkbox"/> Subcontractor
<b>Proposal Lead:</b>	<b>Division(s):</b>	<b>Telephone:</b>
<b>Proposal Team Members:</b>		
PROPOSAL INFORMATION:		
<b>1. Title of Proposal:</b>		
<b>2. Due Date:</b>		
<b>3. Funding Agency:</b> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
<b>4. Indirect Cost Rate:</b>		
<b>5. Matching Funds:</b> <input type="checkbox"/> Yes (Please complete section below) <input type="checkbox"/> No Percentage:                      In-Kind Support (List Sources):                      Cash (List Sources):		
<b>6. Total Amount Requesting (amount per year x number of years = total amount):</b>		
<b>7. Dates of Funding:</b>		
<b>8. Proposed Partners:</b>		
<b>9. Geographic Area(s) to be Served:</b>		
PROPOSAL REQUIREMENTS:		
<b>10. Board Resolution:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>11. Environmental Report:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12. Reports/Evaluations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
STAFF NEEDS:		
<b>13. New Management:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity F/T:                      Quantity P/T:	<b>14. New Classified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Quantity F/T:                      Quantity P/T:	
<b>15. Existing Positions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>List Names and FTEs for each staff assigned:</b>		
<b>16. Additional Information, if needed:</b>		

### Concept Paper Narrative

Please provide a brief summary for each of the following prompts:

- 1) Problem and Need Statement:**
- 2) Project Description:**
- 3) District Strategic Direction, Mission, or Goals that this Proposal Supports:**
- 4) College/School Mission or Goals that this Proposal Supports:**

5) Project Activities and Outcomes:

6) Budget Summary:

Estimated Expenses		
Object of Expenditure	Classification	Proposed Budget
1000	INSTRUCTIONAL SALARIES	\$
2000	NONINSTRUCTIONAL SALARIES	\$
3000	EMPLOYEE BENEFITS	\$
4000	SUPPLIES AND MATERIALS	\$
5000	OTHER OPERATING EXPENSES AND SERVICES	\$
6000	CAPITAL OUTLAY	\$
7000	OTHER OUTGO	\$
<b>TOTAL DIRECT COSTS:</b>		\$
<b>TOTAL INDIRECT COSTS:</b>		\$
<b>TOTAL COSTS</b>		\$

Estimated Revenue	
GRANT AMOUNT	\$
OTHER REVENUE	\$
Please describe any other source of revenue:	
<b>TOTAL REVENUE:</b>	\$

7) Signatures

	Name	Signature	Date
District Grants Office			
Project Coordinator/Director			
Project Administrator			
Campus Budget Office			
Campus Vice President			
President			
Vice Chancellor, Educational Services and Technology			

This form is to be signed by all parties before the application is submitted.