

 **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.



**CONCEPT PAPER**
(To be used for all new grants)

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

 **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  | $ |
| **TOTAL DIRECT COSTS:**  | $ |
| **TOTAL INDIRECT COSTS:** | $ |
| **TOTAL COSTS** | $ |

|  |
| --- |
| **Estimated Revenue** |
| GRANT AMOUNT  | $ |
| OTHER REVENUE | $ |
| Please describe any other source of revenue:  |  |
| **TOTAL REVENUE:**  | $ |

**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.**