



VSCC Funding Request Form

Faculty/Staff Submitting: _____ Date: _____

Position/Title: _____ Department: _____

Funding Needed: Amount: _____ Start Date: _____ End Date: _____

Funding Opportunity: Amount: _____ Start Date: _____ End Date: _____

Funding Source: _____

How did you learn of Funding Source? _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Website: _____

Address: _____ City/State/Zip _____

Purpose/Vision for Funding: _____

Summary of Project: _____

Relevant Goals to VSCC Strategic Plan: (Access, Student Success, Quality, Resourcefulness/Efficiency)

Faculty/Staff Signature: _____ Date: _____

Supervisor: _____ Date: _____

Vice President/Dean: _____ Date: _____

Grant Director: _____ Date: _____

For Office Use Only:

Approved to Move Forward
Conference with Grant Manager by: _____ Draft #1 Due: _____

Placed on Hold/ Reason: _____

Not Approved/ Reason: _____

Grant Manager Signature: _____ Date: _____

Vice President of Resource Development Signature: _____ Date: _____