



This form is to be completed by faculty or staff who have been asked to partner on a funding application. Please complete as much of the form as possible, obtain signature of your supervisor, and email this form to the MCC Office of Strategic Resource Development and Grants Management at grants@monroecc.edu.

Grant Information

Date: _____

Agency Desiring Partnership: _____ Agency Address: _____

Agency Contact: _____ Email: _____ Phone: _____

Does MCC have an existing relationship with this agency? Yes No If yes, how? _____

Department to serve as MCC lead: _____

Employee Requesting Partnership: _____

Email: _____ Phone: _____

Funding Source: Federal Government State Government Foundation Corporation Other

Name of Sponsor/Funder & Title of Grant Program: _____
Example: National Science Foundation – Cyberlearning and Future Learning Technologies – Integration

Link to Grant Request for Proposal/NOFO/Solicitation: _____

Submission Deadline: _____ Anticipated Project Period: From _____ To _____

List other MCC departments involved: _____

Please list the names of additional agencies that will also partner in this project, if applicable:

Does your project require/include Human Subjects and/or IRB approval? Yes No

What resources will MCC provide as a partner in this grant? Please check all activities that you will be requesting as part of the partner's grant budget, and resources that you are offering if a match is required.

Staff / Faculty Release Time	Facilities	Data Collection or Evaluation Services
Supplies or Materials	Consulting/Sub-Contracting	Cost Share/Match. If yes, how much? _____
Instructional Services/Technology (approval required)	Other: _____	

***Please attach abstract from partner and budget detailing MCC's allocation or commitment if known.*

Amount Partner is Requesting from Sponsor/Funder: _____ Total Amount Allocated to MCC: _____

Does the Agency need a Letter of Support? Yes No *(If yes, please attach draft from Agency)*

Does the Agency require a signature from an MCC Authorized Signatory? Yes No

Approval Signatures

Supervisor: _____ Date: _____

Dean: _____ Date: _____

Vice-President: _____ Date: _____

Office Use Only

Director of Grants: _____	Date: _____
Finance Office: _____	Date: _____
MCC Association <i>(if applicable)</i> : _____	Date: _____
Technology Director <i>(if applicable)</i> : _____	Date: _____

Please note that partnership applications may only be submitted upon approval.