Sheridan College FOUNDATION	*Faculty/Staff Grant* *Application Form Fall 2021*	*For Office Use Only* *Application #:*_____ *Date Received:*_____ *Date Reviewed:*_____ *Approved:* □ *Yes* □ *No* *Applicant Notified:* _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name	Email Address	Phone Number

Check One: □ **Faculty** □ **Staff** | **Department:**

PROJECT INFORMATION

Project Title *(Limit 10 words)*	Project Start Date *(May not start before Award Date)*	Project End Date *(Must be completed by May 31, 2022)*

PROJECT NARRATIVE

Project description: *(Limit 100 words)*

Needs statement: *(Limit 100 words)*

Expected goal/outcome: *(Limit 200 words)*

Timeline: *(Limit 100 words) (Include all proposed activities, i.e. marketing plan, event planning activities, and reporting)*

How does this project meet the secondary goals of innovation and opportunity? *(Limit 100 words)*

How will you evaluate the success of your project in meeting the proposed goal/outcome: *(Limit 200 words)*

How will you share the results of your project with members of the college community and the community at large? *(Limit 200 words)*

Budget narrative:

Exactly what will be paid through this grant? It is recommended that equipment documentation is included with the application

If there are other sources of any additional funding, what are they?

Why is there no funding from the college for this project?

How will this project or equipment need to be sustained in the future?

These grants are only for use at the Sheridan College or Johnson County Campus. If applying for funds for a project that will include Gillette College, a narrative must be included which states how that share of the project will be funded.

PROJECT BUDGET

DESCRIPTION (Please state exact amount to the nearest dollar.)	TOTAL PROJECT COST (All Resources)	Amount Paid by Other Resources	Amount Requested for This Grant
Salaries/Staff Stipends			
Fringe Benefits			
TOTAL SALARIES & BENEFITS			
DIRECT EXPENSES:			
Class Fee/Registration			
Supplies/Materials			
Travel Expenses: *transportation, lodging, meals directly related to this project*			
Contractual/Consultant Fees			
Fees for licenses or certifications			
Marketing: *Publication, Production & Dissemination*			
Computer Services			
Other Direct Expenses:			
TOTAL DIRECT EXPENSES			
TOTAL GRANT (Amount Requested May not Exceed $3,000))			

Electronic submission of this document will be considered your official application and an electronic acknowledgement of receipt will be sent upon receiving it. If you have not received an acknowledgement within 3 days of submission please contact the SC Foundation Administrative Coordinator, Dee Davis.

Supervisor and Vice President's Approval

I have reviewed and approve the submission of the application for a S.C. Foundation Faculty Staff Grant.
(Applications must be cc'd to supervisor and vice president and an email confirmation from them is an acceptable approval.)

_____   _____
Department Chair/Director signature   Senior Academic Leadership signature

_____
Vice President's signature

For use by Sheridan College Foundation Office:

Date: _____

Approved:	Grant #	Amount	Final Report Due Date:
☐ **Yes** ☐ **No**			

✗	✗
Sheridan College Foundation President Date	**Sheridan College Executive Director** Date

For inquiries or to submit your application:

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