



*Faculty/Staff  
Grant*  
*Application Form  
Spring 2025*  
**Due to Supervisor/SALT  
member by 2/5/2025**

*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: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Department: _____	

**PROJECT INFORMATION**

Project Title ( <i>Limit 10 words</i> )	Project Start Date ( <i>May not start before Award Date</i> )	Project End Date ( <i>Must be completed by May 31, 2024</i> )

**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?**

**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			
<b>TOTAL SALARIES &amp; BENEFITS</b>			
<b>DIRECT EXPENSES:</b>			
Class Fee/Registration			
Supplies/Materials			
Travel Expenses: <i>transportation, lodging, meals directly related to this project</i>			
Contractual/Consultant Fees			
Fees for licenses or certifications			
Marketing: <i>Publication, Production &amp; Dissemination</i>			
Computer Services			
Other Direct Expenses:			
<b>TOTAL DIRECT EXPENSES</b>			
<b>TOTAL GRANT</b> ( Amount Requested May not Exceed \$3,000)			

**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:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

X	X
Sheridan College Foundation President      Date	Sheridan College Executive Director      Date

*For inquiries or to submit your application:*

Sheridan College Foundation GMB 150 Sheridan, WY 82801 307.675.0702 <a href="mailto:deedavis@sheridan.edu">deedavis@sheridan.edu</a>
--