

# SOUTHWEST TENNESSEE COMMUNITY COLLEGE

## Proposal Approval Form

The purpose of this form is to document the need for an external funding request, the availability (if needed) of existing College resources to support the proposed project, the approval of appropriate personnel, the feasibility of the proposed budget, and compliance College and funding agency guidelines.

PROPOSAL TO BE SUBMITTED TO: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ (First Year) \$ \_\_\_\_\_ (Multi-Year Total, if applicable)

PURPOSE:

- I. TYPE OF PROPOSAL (check ALL that apply)
- Proposal to a federal government funding agency
  - Proposal to a state government funding agency
  - Proposal to a local government funding agency
  - Proposal to a private foundation
  - Proposal to a corporate foundation or a corporation
  - Renewal proposal

- II. COLLEGE RESOURCES NEEDED TO SUPPORT THE PROGRAM (check ALL that apply)
- Personnel (Specify Names and % of time) \_\_\_\_\_
  - Facilities (Specify) \_\_\_\_\_
  - Matching Funds: In-kind \_\_\_\_\_ Cash \_\_\_\_\_ (Specify Source) \_\_\_\_\_

### APPROVALS

A. Originating Department \_\_\_\_\_  
Dept. Name

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates that a need for the project has been documented and any necessary College resources have been identified.

B. Other Departmental Approval or Dean's Approval, if applicable

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

C. Other Senior Staff Approval, if applicable

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

D. Grants Office Approval

**Director of Grants Management**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates that the proposal is compliant with funding agency guidelines and College policies and procedures for proposal preparation and supports the College's goals and objectives.

E. Restricted Funds Accounting Office Approval

N/A

**Restricted Funds Accounting Manager**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates that the proposal budget is complete, accurate, feasible for the proposed activity, and compliant with College procedures.

F. Vice President/Provost Office Approval

**Provost/Executive V.P. for Academic Affairs**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates that the proposal budget is complete, accurate, feasible for the proposed activity, and compliant with College procedures.

G. Proposal Approval Form Approval

**V.P. for Institutional Advancement**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates that the proposal budget is complete, accurate, feasible for the proposed activity, and compliant with College procedures.

COMMENTS/RECOMMENDATIONS: \_\_\_\_\_

*All required signatures must be obtained before the proposal is submitted to the President for final approval*