

#  2-Grant Application Initiation Form

**COCC Project Title:**

**COCC Project Point Person** *(Write, manage, and report on the grant)*:

**COCC Project Lead Administrator** *(Must be director/dean level or above.)*:

**Foundation/Funding Agency:** **Proposed Budget Request:**

**Application Deadline:** **Proposed Funding Period:**

**Allowable Indirect Cost Rate:**

**Campus Departments Affected by the Project:**

**Brief Description of Project (Purpose, Rationale, Objectives, Projected Outcomes - attach additional space/pages, as necessary):**

**Partners/Collaborators (institution, if not COCC):**

**CONSENT TO PROCEED**

**Dr. Shirley Metcalf** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
President

**Recorded in Grant Hub DataBase**

Grants Development Office (Mary Ann Asson-Batres): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_