

#  3-Grant Application Routing 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 (attach additional space/pages, as necessary:**

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

**APPROVAL**

PAT Member Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contracts (Sharla Andresen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFO (Lisa Bloyer/David Dona): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP for Administration (Matt McCoy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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