



Funding Opportunity Analysis *

Grant Project Title: _____ Vice President: _____

Funding Agency: _____ Assigned Area Dean: _____

Amount of Award Requested: _____ RFA Due Date: _____

Department and/or Discipline: _____ Grant Funding Period/s: _____

Assigned Faculty or Lead Staff/Administrator: _____

GAC Recommended: Yes No

Funding Requirements:

1) Match Requirement: Yes No

Cash: \$ _____ or % _____

In-Kind: \$ _____ or % _____ or Personnel _____

2) Indirect: Yes No \$ _____ or % _____

3) Consultant Recommended: Yes No Anticipated Cost: \$ _____

4) Institutionalization Required: Yes No If yes: _____

Equipment Personnel Programs Curriculum Other

Overall estimated fiscal impact to General Fund \$ _____

5) Staffing: Project Director; Classified: FT; PT; Student Employment;

Support Staff Reassigned: New (Faculty and/or Staff) FT; PT;

Other _____

Faculty Reassigned _____

6) Allowable Costs (check all that apply):

Equipment; Software; Instructional Materials and Supplies;

Professional Development/Conference & Training; Students Staff Faculty;

Office; Supplies ; Travel; Food; Other _____

7) Does Grant directly serve: Students; Faculty; Staff;

Other: _____

8) Direct Impact to College Departments/Disciplines (check all that apply):

Admissions & Records

Counseling

Assessment

Learning Centers

Matriculation

Institutional Research and Assessment

Career & Transfer

Facilities

Financial Aid

Academic Faculty and/or Staff

Staff

Curriculum and Instruction

Other

Discipline/Dept. _____

9) Grant Reporting Requirements:

- Monthly Quarterly Semi-Annual (mid-term) Annual

Responsible for reporting? _____

Evaluation/Outcomes Process (check all that apply):

- District College External Evaluation

- Funding Available through grant? Yes No

Does the grant align with MVC’s Educational and Facilities Master Plan goals and strategies:

- Yes No

If yes, list goals and strategies tied to grant:

(Attach additional pages as needed.)

Please outline required grant goals and/or outcomes:

(Attach additional pages as needed.)

Does the grant meet the Department/Disciplines goals/objectives as submitted in Program

Review: Yes No (If yes, attach Department/Discipline goals/objectives from Program Review.)

If no, please provide a brief explanation why MVC is seeking funds.

Does MVC have adequate physical space to house required grant staff, program, and activities?

- Yes No Proposed Location: _____

Will grant impact MVC’s facilities capacity load ratio? Yes No

- Short-term (grant term only) Long-term (during & after grant project)

Summary of fiscal impact (includes review and approval from MVC VP of Business Services) describing fiscal requirements; purchasing and transfer restrictions; approval processes; and initial draft budget (include all personnel costs; program costs, indirect; match and in-kind)

Dr. Sandra Mayo, President

Area Vice President

District Grants office requires completed grant proposals and applications to be submitted a minimum of 7 working days prior to funding agency’s closing date.

