



## Authorization To Seek Funds From External Sources

TO BE COMPLETED **BEFORE** WRITING PROPOSAL

Return Form To: FHDA Grants Office - AldanaAdriana@fhda.edu - x6272 or NguyenLena@fhda.edu

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Please type your answers to the following questions, handwritten forms will not be accepted.

It is **imperative** that all fund solicitations from foundations, corporations, and individuals be coordinated district-wide, through the FHDA Foundation, and through the district grants office for public grants and sponsored projects. This form must be signed by your manager, division dean, and vice president to indicate that your request meets college, program, and/or district priorities, and must be cleared by the appropriate support service if facilities, technology, and/or research support will be required.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Department/Division/College: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Granting Source: \_\_\_\_\_

Federal

State

Local

Foundation

Individual

Total \$ Requested: \_\_\_\_\_ Submission Deadline: \_\_\_\_\_

Estimated Start Date (MM/YY) \_\_\_\_\_ Estimated End Date (MM/YY) \_\_\_\_\_

Is indirect allowable?  Yes \_\_\_\_\_ (rate)  No Are Matching Funds required?  Yes \_\_\_\_\_ (rate/amount)  No

Describe use of grant funds and how they will support student success/access:

Describe how/ if project will be sustained after grant period:

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**INSTITUTIONAL RESEARCH & PLANNING**

Will this project require resources from Institutional Research & Planning? If yes, please describe.

**TECHNOLOGY**

Will this project result in the purchase of computer hardware, software, or other technology? If yes, please describe:

Will this project require ETS maintenance or support?

Will this project require additional space, alteration of space, or other facilities support? If yes, please describe.

**AUTHORIZATION TO SEEK FUNDS FROM EXTERNAL SOURCES**



Please obtain the following signatures of approval in the order that they appear.

I certify that the purpose of the proposed grant, outlined above, aligns with the goals and needs of the department, program, and/or the purpose of the District.

_____ Printed Name of Applicant	_____ Signature	_____ Date
_____ Printed Name of Department Dean/Director	_____ Signature	_____ Date
_____ Printed Name of Department Vice President	_____ Signature	_____ Date
_____ (Only if applicable) Printed Name of Executive Director, Instituional Research	_____ Signature	_____ Date
_____ (Only if applicable) Printed Name of Vice Chancellor, Technology	_____ Signature	_____ Date
_____ Campus VP of Finance (printed name)	_____ Signature	_____ Date
_____ Grants Monitor or authorized Grantrepresentative	_____ Signature	_____ Date
_____ Vice Chancellor, Business Services	_____ Signature	_____ Date