2018 - 2019 College of Completion Innovation Grant Application

*** Applications will be accepted starting April 23, 2018 and due June 1, 2018 ***

Since 2012, The Citrus College Foundation has awarded more than $20,000 each academic year to projects that align with the college’s Annual Implementation Plan (AIP). This exciting opportunity will be given to projects that have measurable outcomes and where impact of activity can be evaluated.

GRANT REQUEST FOR: ________________________________________________________________

AMOUNT REQUESTED: ________________________________________________________________

DETAIL OF REQUEST: Attach information that provides specific responses to the following:
(1) Describe the project or purpose for which the funds are requested.
(2) Describe which objective(s) of the Annual Implementation Plan the project aligns with.
(3) Will the project benefit if the request is only partially funded?
(4) Complete the attached budget summary.

APPLICANT: _____________________________________/____________________________________
(Signature)             (Print Name)

TITLE/POSITION: ______________________________________________ Date _________________

Approval by Director/Dean and Vice President is required.

This proposal is in agreement with the goals and objectives of this department and represents priorities in the Annual Implementation Plan.

DIRECTOR/DEAN: ___________________________________________ Date_____________________

VICE PRESIDENT: ______________________________________________ Date___________________

Additional Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Budget Summary

GRANT REQUEST FOR: ________________________________________________________________

AMOUNT REQUESTED: ________________________________________________________________

APPLICANT: _________________________________________________________________________

Certificated Salaries (hourly instruction, reassigned time) $ _____________

Classified Salaries (instructional aides, tutors, clerical) $ _____________

Benefits $ _____________

Supplies (printing, software, books, etc.)* $ _____________

Operating (consultants, conference, postage)* $ _____________

Capital Outlay (equipment, computers)* $ _____________

Total: $ _____________

*Attach copies of invoices, quotes or estimates if applicable.

Additional Comments by Applicant (you may attach additional sheets of paper):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for your application. For any questions or inquiries please contact the Citrus College Foundation Office at 626 914-8825 or foundation@citruscollege.edu

Citrus College Foundation Office Use Only:

Date Received: _______________________

By:  _______________________

Requirement Checklist:
_____ Signed by Director/Dean  _____ Signed by Vice President
_____ Detail of Request  _____ Budget Summary