

**Grant Pre-Submission Authorization**

**Project Development Concept Form**

***Please submit 6-8 weeks prior to submission***

 ***deadline of the funding agency***

1. **Name of Applicant:**
	1. **Department and Contact Info:**
2. **Please Check One:**
	1. **SUNY Delhi will be the direct recipient**

* 1. **SUNY Delhi is a sub-recipient**
1. **If a sub-recipient, please provide the name of agency or institution that we will be contracting with:**

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1. **Name of the funding entity you are approaching or the names of possible funding sources you would like to approach:**
2. **Amount of request:**
3. **Indicate any cost share or matching requirement amount and if cash or in-kind is required. (Please Note: all cost share requirements must be approved by the Grants Office prior to submission to the leadership team and to the funder.)**
4. **Proposal Due Date:**
5. **Letter of Intent Due Date (if applicable):**
6. **Brief Synopsis of the Program or Project Idea or Need**
7. **Does the Project/Program have the following: If so, please explain:**
	1. **Collaboration:**
	2. **Opportunities for Applied Learning:**
	3. **Innovative Aspects:**
	4. **DEI aspects:**
	5. **Is anyone else operating a similar program/ project and if so, how is this different or unique?**
8. **Summary of Needed Resources**

**Outline of Budget needs in terms of Staffing, Equipment or Other Expenses (attach separate spreadsheet if needed.)**

1. **Outline any additional funding resources you have cultivated, i.e. private donors in the wings etc.**
2. **How does the Program relate to SUNY Delhi’s mission and the themes within its strategic plan.**

[**https://www.delhi.edu/about/president-office/strategic-plan/**](https://www.delhi.edu/about/president-office/strategic-plan/)

1. **KEYWORDS- Please provide keywords that can describe your project in a number of ways.**

**Approvals:**

**Signature and Date of Approval:**

 **VP/Dean and/or Chair/ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Date of Approval:**

**Director of the Grants Office** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_