



WORKING TOGETHER | PURSUING EXCELLENCE | INSPIRING ACHIEVEMENT

Operational Memorandum Sacramento City College	OM: 1.D.1 Adopted:
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**Attachment I:** Grant Feasibility Review Form

Prospective grant applicants will communicate their request to their supervisor and complete the attached form. If the supervisor supports the request, they will sign the form and forward to their AVP or direct supervisor. If the AVP or direct supervisor supports the request, they will sign the form and route it to the PRIE office and to the Office of the President. This will trigger two simultaneous reviews. When prospective grant applicants learn of an opportunity they may wish to pursue, they should initiate this process as soon as possible, given that grant timelines are often very short. **Please complete all areas for the Grant Feasibility Review, including the checklist on the last page.** A decision whether to pursue the grant opportunity will be made within 5 business days of receiving the grants feasibility request form.

**Project Title:** \_\_\_\_\_ **Grant App. Deadline:** \_\_\_\_\_

Requester Name:		Date of Request:	
Supervisor Name:		Date Submitted to Supervisor	
AVP Name:		Date Presented to AVP/Mgr	
Project Start Date:		Date submitted to President:	
Project End Date:		Date submitted to PRIE:	

**Funding Agency:** \_\_\_\_\_ **Funding Amount:** \_\_\_\_\_

**Please attach the following:**

**RFA/RFP**

**College Goal (please indicate college goal(s) A-E):**

- A: Deliver programs and services that demonstrate a commitment to high quality teaching and learning in support of student success and achievement.
- B: Align processes and practices to assist students in moving from first enrollment to goal completion.
- C: Support employee engagement and organizational effectiveness by providing an excellent working environment.
- D: Provide a college environment that embraces equity and diversity and reduces disproportionate impacts between student populations.
- E: Enhance connections to the Sacramento region with a focus on serving the community, including meeting workforce needs.



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**SCC Goals and Strategies**

Please describe how this grant meets the college’s [goals](#) (500 Words or less):

**Grant Specifics**

Please summarize the grant opportunity (500 words or less):

Please describe how grant funds will be used (500 words or less):

Please explain how the activities funded by the grant will be institutionalized upon completion:



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**Guided Pathways**

Please explain how this grant aligns with the college's focus on [guided pathways](#):

**Grant Specifics**

Please indicate who would be involved in writing the grant application:

Employee(s)

Hiring Consultant

If the grant is awarded, please indicate which areas/personnel would be involved in implementing the project:

Are there facilities/space requirements needed to implement the grant? If so, please describe:

**Dean or Supervisor Information**

Printed Name:	Signature:	Date:
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**Approval (check box and sign in the order below):**

- |               |                |
|---------------|----------------|
| 1. Supervisor | 5. PRIE Office |
| 2. Dean/Mgr   | 6. President   |
| 3. AVP/Mgr    |                |

Dean/Mgr Printed Name:	Signature:	
AVP/Mgr Printed Name:	Signature:	
PRIE Dean Signature:	President's Signature:	

**President and PRIE Section Only:**

Comments

**Meeting with Requester(s):**

Date:	Date:
Date:	Date:
Date:	Date:
Date:	Date:



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### Checklist

All boxes must be checked before submitting the facilities modification request form.

Project title, deadline, all names and dates, funding agency, and funding amount

Attached RFA/RFP if applicable

College Goal

SCC Goals and Strategies

Grant Specifics: Page 2

Guided Pathways

Grant Specifics: Page 3

Dean or Supervisor Information

Approval boxes checked

Signatures