

PROPOSAL SUBMISSION REQUEST (PSR) FORM

Instructions

This form must be submitted to grantadministrationdept@actx.edu **30 days** before the RFA or RFP deadline. (late application requests may still be considered on an exceptional basis.)

AC Personnel Information

| Name of Project Point of Contact | |
|----------------------------------|--|
| Email Address: | |
| Department: | |
| Cabinet Representative: | |

Submission Information

| Will this application | n be submitted by: | Amarillo Colle | ege AC Founda | tion | |
|---|--|---|---------------|--------------------|--|
| Proposal Type: | New Proposal | Continuation | Sub-recipient | Cost-Reimbursement | |
| 1. How will this gr institution's strateg | | | | | |
| 2. If you wish to e you will need to she had on students. To measurable data or completion, transfe activities. It is also o each data point you need for ongoing fu | owcase the positive o do so, you should n enrollment, retent er, and participation crucial to specify the u provide in order to | impact it has provide ion, in program source of | | | |

Project Information

Project Impact (check all that apply to the project goals & objectives)

| Completion | Labor Market | Student Learning | Love Your Neighbor | Financial Effectiveness |
|---|-------------------------|------------------|--------------------|-------------------------|
| 1. What is the projecontribute to the goad by the funding agence | ls and impact areas o | | | |
| 2. What specific task undertaken to achiev | | | | |
| 3. Who are the spec serve, and how many are needed to partici effective? | students from this p | opulation | | |
| 4. If applicable, what used for each expect and evaluate success | ed outcome to moni | | | |
| 5. Did you meet wit discuss outcome mea your discussion and t | asures? If so, please s | | | |
| 6. Which team or de grant proposal? Will available on the DAIR | R data be needed, or | | | |
| 7. Please provide the Number/Funder Wel | | portunity | | |

| 8. Grant Life Cycle (Award to Close out date) and Grant Award Amount | |
|--|--|
| 9. Does the project have an Indirect Cost? | |
| 10. Proposal Submission Deadline Date | |

Project Evaluation (Institutional Capacity)

| 1. What are the credentials and experiences required for someone leading this project to achieve its objectives? | |
|---|--|
| 2. Is there currently a project lead designated for this initiative? What is the anticipated timeline for filling this critical leadership role? | |
| 3. Which department will oversee the project's progress and deliverables? To whom will the project lead report directly? | |
| 4. Which other departments will benefit from the grant objectives and/or be impacted by the grant project? | |
| 5. What facilities and resources are available to accommodate the project's space and equipment needs (e.g., office or classroom space, technology, furniture)? | |
| 6. Please share a brief budget breakdown for student support, curriculum development, travel, staff stipends, equipment, and other vital areas. | |
| 7. How will the grant program be sustained after the grant cycle ends? (i.e., staff, equipment, activities, etc.) | |

| 8. For continued funding consideration, please confirm if the project underwent an annual audit by the funding agency or an internal audit. Please summarize the most recent audit's key findings (If unsure check with the grant office for verification). |
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My signature below confirms my review of the proposal. It also certifies that:

The information submitted within this application is true, complete, and accurate.

| Signature | Date | Dept/Program Chair Signature | Date |
|----------------|----------|----------------------------------|------|
| Dean Signature | Date | Cabinet Representative Signature | Date |
| | *Post Ca | binet Approval | |

VP of Strategic Initiatives