



GRANT PROPOSAL APPROVAL TO SUBMIT

OHLONE OFFICE OF COLLEGE ADVANCEMENT

Grant Opportunity: _____

Granting Organization: State Federal Private _____

Amount of Grant: _____ Grant #

Duration—Start/Finish Dates: _____

Submission Due Date: _____

Staffing Requirements: _____

Resource Requirements: _____

Assigned Project Director: _____

Budget Manager/Administrator: _____

Budget Authority Code: _____

Authorizing Signatures

NAME / DEPARTMENT	POSITION	DATE <i>mm/dd/yyyy</i>
	Dean or Director	
	Human Resources	
	Vice President	
	Grants Director	

President/Board Authorization

AUTHORIZED BY:	POSITION	DATE

Attach abstract of project and budget summary