

**Foothill-De Anza Community College District**  
**PHASE 1 – Authorization Form to Seek Funds from External Sources**

**NOTE: To be completed *before writing the proposal***

It is imperative that all fund seeking efforts be coordinated District-wide. District personnel who wish to seek funding from external sources for any programs must complete this form and submit it to your Manager, Division Dean or Vice President for their approval. Forward this completed form to Cheryl Hylton at the Foothill-De Anza Foundation. Contact her at x6232 with any questions.

What will these grant funds accomplish in 100 words or less? [Continue on another sheet if necessary]

How much money is needed and for what time period? No. of Years \_\_\_\_\_ \$ \_\_\_\_\_ per year = Total Needed = \$ \_\_\_\_\_  
Explain how the program/service will be sustained after the grant period?

<b>CONTACT INFORMATION: Initiator's Name:</b>		
<b>Phone:</b>	<b>FAX:</b>	<b>Email:</b>

Which Master Plan Goal(s) will be addressed by this proposal and will this funding be used to meet the goal?

#1
#2
#3

HAVE YOU IDENTIFIED FUNDING PROSPECTS?	IF YES, PLEASE IDENTIFY BELOW:		
Foundation?	Yes	No	
Corporation or Organization (service club, etc.)?	Yes	No	
Individual?	Yes	No	
State Chancellor's Office, Sacramento?	Yes	No	
Federal Government?	Yes	No	
State Government?	Yes	No	
County/Municipal Government?	Yes	No	

Do you need support in preparing the technology aspects of your proposal? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL GRANT FUNDS BE USED FOR: (Choose what applies)	IF YES, PLEASE EXPLAIN BELOW:		
A program that has been reduced or eliminated?	Yes	No	
Expanding an existing program?	Yes	No	
Creating a new program?	Yes	No	
A program directly educating students?	Yes	No	
A program directly supporting student success?	Yes	No	
A program directly increasing student access?	Yes	No	
An idea making a program more cost-effective?	Yes	No	

**\*I authorize the FHDA Foundation to participate in proposal development. I understand that submission of the proposal will depend upon review by College President, Vice Chancellor- Business Services, Grants Office and/or Foundation Associate Director during Phase 2 (before submission)**

Name & Title (Dean or Director)	Signature	Date
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**\*I authorize the FHDA Foundation to participate in proposal development. I understand that submission of the proposal will depend upon review by College President, Vice Chancellor, Business Services, Grants Office, and/or Foundation Associate Director during Phase 2 (before submission)**

Name & Title (Vice President)	Signature	Date
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**\*Should dean or director decline approval, an appeal may be made to your college vice president for reconsideration.**

**PLEASE NOTE: Cheryl Hylton at FHDA Foundation (x 6232 or email [hyltoncheryl@fhda.edu](mailto:hyltoncheryl@fhda.edu)) must be notified before proceeding.**

**Foothill-De Anza Community College District**  
**PHASE 2 – Authorization Form to Seek Funds from External Sources**

**NOTE: To be completed *before submitting the proposal***

**INSTITUTIONAL RESEARCH AND PLANNING**

Will the project, if funded, require data, analysis or other Institutional Research and Planning resources during the grant development stage? \_\_\_\_ Yes \_\_\_\_ No

If yes, briefly outline the research resources required and the estimated impact. Institutional Research will review to determine the size, nature and feasibility of requested participation.

Does the project, if funded, provide for funds to support the requested research and evaluation (final report and/or qualitative data)? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Institutional Research Authorized Representative      Signature      Date

**FACILITIES**

Space Requirements:		On Campus		Off Campus		Buildings/Rooms	
Is there a firm commitment that space will be available?				Yes		No	
Will alterations of campus space be required?				Yes		No	

**TECHNOLOGY**

Will funding result in the purchase of computer software/hardware or other technological equipment?	Yes		No	
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If yes, explain what will be purchased:

If yes, will equipment be housed:	On Campus		Off Campus	
If yes, will ETS maintenance/support be required?	Yes		No	

If no, please explain:

\_\_\_\_\_  
Vice Chancellor, Technology Signature      Date

I certify that the information provided is accurate and complete to the best of my knowledge. In the event this proposal results in a grant, contract or cooperative agreement, I shall accept responsibility for the design, execution and management of the project.

\_\_\_\_\_  
Name/Title of Project Director      Signature      Date

\_\_\_\_\_  
Vice President Responsible for Requested Area      Signature      Date  
Or Vice Chancellor of Business Services

\_\_\_\_\_  
College President (or authorized representative)      Signature      Date

\_\_\_\_\_  
Cheryl Hylton (or authorized representative)      Signature      Date  
Foundation Assoc. Dir. (for all private monies)

\_\_\_\_\_  
Bret Watson or Serena Thompson      Signature      Date  
District Grants Monitor (for all monies)