



Grant Notification Form

Project Title or Grant Program Name:

Department:

Funder, if known:

Does this project align with the College's Strategic Plan Goals or the College mission? Yes No

Project Summary (provide high-level summary of project and the length of the grant):

Project Need and Objectives (provide high-level need statement and projected objectives):

Will this project involve paying current employees through the grant? Yes No

Will this project involve hiring new employees to conduct grant activities? Yes No

Estimated total Project Budget \$:

Are matching funds required? Yes No

If yes, what is the source for matching funds? How much matching funds are required?

Grant Project Leader(s) have read the Grant Guide (found at <https://www.lakelandcollege.edu/grants-office/>) and understand their responsibilities if the grant is funded. Please check this box.

Grant Project Leader(s)

Title (s)

Date

Grants Writer and Coordinator

Date

Division Chair or Supervisor

Title

Date

Unit Leader/President or Vice President

Title

Date

Before final grant submission, Grants Writer and Coordinator has verified that all appropriate leadership attended budget meeting or approved budget via email. Please check this box.