NMSU DACC Doña Ana Community College

2800 Sonoma Ranch Blvd • Las Cruces, NM 88011
MSC 3DA • PO BOX 30001 • Las Cruces, NM 88003
575.528.7000 • 800.903.7503 • Fax: 575.528.7300 • TTY: 575.527.7647 • dacc.nmsu.edu
East Mesa • Espina • Workforce • Gadsden • Sunland Park • Chaparral

DACC Grant Approval Form

This form enables key college leaders to be informed and approve grants and ensure the feasibility of your project. All individuals interested in pursuing new grant funding must complete this form prior to submitting any proposals through NMSU RAS or the NMSU Foundation. For more information contact Rod Sanchez rjsanchez@dacc.nmsu.edu or Nancy Tinajero ntinajero@dacc.nmsu.edu

Grant Committee/PI Contact Information

Name: _____

Email: _____

Phone: _____

Proposed Project Title: _____

Department/Program/Unit: _____

Link(s) to Request for Proposals (RFP)/Program Announcement:

Project Deadline(s): _____

Departments/Programs/Units involved

List all departments/programs participating in this project or that would be affected by this project (for example, academic units, student services, advising, computer support, facilities, institutional analysis). Participants will be contacted for input.

Name, Title, Department/Program

Will you need **facilities** support? ☐ No ☐ Yes ☐ Not yet sure

Describe your facility needs (e.g., Do you need a dedicated office or classroom space for the project? Or will you need access to lab facilities that you do not currently have?): 250 limit

Will you need **computer support**? ☐ No ☐ Yes ☐ Not yet sure

Describe your needs (e.g., Do you need a hardware installation, software support or technical assistance?):

What **data analysis or statistical information** will you require? Include the time periods for the data you will need.

NOTE: Each individual listed above, please keep this form for your records **and send an email with comment/approval** to rjsanchez@dacc.nmsu.edu This acknowledges that the proposal has been discussed with the grant committee or PI and can be forwarded to the DACC Cabinet for approval.

Budget Information

For questions contact Nancy Tinajero in the DACC Office of Grants and Contracts (528-7213)

Projected Project Total $ _____

Are matching funds required? ☐ No ☐ Yes If so, what percentage? _____%

Does the funder require a cash match? ☐ No ☐ Yes

What are the sources you intend to use for matching funds?

Does Funder allow indirect charges? ☐ No ☐ Yes Allowable Indirect Rate: _____

Duration of Funding: Estimated Start Date _____ Estimated End Date _____

At the conclusion of the project, what aspects of the project must be institutionalized (sustainability)? (For example, staff positions, office space, technology, equipment)

Project Information

Provide a brief overview of the project, explicitly stating the need for this project, how the project aligns with the department or unit and the expected outcomes. If you have a draft of the grant you can submit the draft: (Limit 500 words)

Continued on next

Describe how this project integrates with the DACC's Strategic Plan, and/or other planning documents and brings value to the College: (Limit 500 words)

What is the project's target population/focus area? (check all that apply)

- ☐ Assessment and Planning
- ☐ Basic Skills
- ☐ Community Partnerships
- ☐ Developmental Education
- ☐ Facilities/Renovation
- ☐ Graduation/Transfer
- ☐ Professional Development
- ☐ STEM (Science, Technology, Engineering & Math)
- ☐ Student Success
- ☐ Student Support
- ☐ Technology
- ☐ Specialized Student Population(s) (please specify) _____
- ☐ Specific Discipline (please specify) _____
- ☐ Instructional Support (specify industry sector/s) _____
- ☐ Career and Technical Education (specify industry sector/s) _____
- ☐ Other (please specify) _____

Key Project Personnel

List all project personnel below. Include PI, Co-PI and key grant-funded positions:

Name	*Title/Role in Project*	*Time Commitment (% FTE or hours)*

Will this project require that you hire new employees? ☐ No ☐ Yes ☐ Not yet sure

If so, approximately how many regular employees will you need to hire?_____

How will you fund these positions?

☐ With this grant ☐ With release time

☐ Other (specify): _____

Project Partners

Is DACC the primary awardee? ☐ No ☐ Yes ☐ Not yet sure

Indicate all project partners below:

☐ NMSU System (please list): _____

☐ Non-Profit/Community-Based Organizations (please list): _____

☐ Other Colleges or Universities (please list): _____

☐ K-12 Institutions (please list):_____

☐ Industry/Business (please list): _____

☐ Governmental Agency (please list): _____

☐ Other (please specify): _____

Indicate the estimated number of sub-awards the budget will include: _____

Level of Support Requested from Development Office

Tell us what support you will need in preparing your proposal (check all that apply):

☐ Consultation (planning/application process)

☐ Grant team development

☐ Proposal development

☐ Other (please specify): _____

☐ Proposal editing/proofing

☐ Help with constructing your budget

PI Signatures and Reviews

I certify that this grant/proposal meets the needs of the department, program, or unit as outlined above. For projects that require hiring staff, I will ensure that all documents pertaining to the hiring of that staff member indicate that the period of employment is effective until (1) the termination of the program or project, (2) termination, reduction, or revision of an applicable portion of the contract or project, or (3) a reduction in the program staff is necessary, or for cause, whichever occurs first.
You must collect the signatures below in the order that they appear.

Applicant Date

Division Dean over relevant area Date

Comment:

Executive Signatures and Approval

At least two (2) weeks prior to submitting your proposal, you will need to seek approval of your budget from the DACC Grants & Contracts Business Office. At that time, submit this form along with the project budget for Business Office approval and obtain the signatures below, in the order in which they appear. The NMSU System requires grants to be turned in for final review at least one (1) week prior to the grant deadline. By signing this form, the following individuals certify that the budget appears sufficient and that the impact on DACC resources is reasonable:

Chief Financial Officer	Date
Vice President of Student Services (if applicable)	Date
Vice President of Academic Affairs (if applicable)	Date
Vice President of External Relations (if applicable)	Date
DACC President	Date