1. **PRINCIPAL INVESTIGATOR (PI) AT HCC**
   
   PI’s email ______________________________  PI’s phone # ___________________

2. **TYPE OF GRANT:**
   
   ___ Federal  ___ State  ___ Local  ___ Foundation  ___ Other __________________
   
   If local corporation or Foundation funding, notify HCC Foundation for possible matching funding.

3. **TITLE OF PROJECT:** _______________________________________________________

4. **CRITICAL DATES:**
   
   Intent to Apply was presented at President’s Cabinet ____________________________
   
   Date to be submitted for IRB review/approval _________________________________
   
   Final proposal to be presented at President’s Cabinet _________________________
   
   Date to be submitted to funding agency________ (allow at least 2 days prior to due date)
   
   **DUE DATE: August 19, 2008, 5 p.m. ET**

5. **RANGE OF AWARDS (in dollars)**
   
   $100,000 to $500,000 TOTAL

6. **FUNDING PERIOD**
   
   up to 36 months
   
   BEGIN DATE: ______________ END DATE: _______________

7. **IS THIS PROPOSAL PART OF A CONSORTIUM OR PARTNERSHIP?**
   
   ___Yes  ___No  
   
   IF NO, skip to question #9.
   
   IF YES, who are the partner institutions? _______________________________________
   
   Must include one entity from each of the following:
   
   • publicly funded workforce investment system
   • education and training community
   • representatives from industry in high-growth/high-demand fields

8. **ARE LETTERS OR CONSORTIUM/PARTNERSHIP AGREEMENTS REQUIRED?**
   
   ___Yes  ___No
   
   Educational institutions partnering with a Workforce Investment Board (WIB) must have a letter of commitment from the WIB.
   
   IF YES, which institution will be the lead fiscal agent? _________________________
   
   IF HCC is not the lead fiscal agent, who will submit the proposal? __________________
   
   Name of PI at lead fiscal agency: ____________________________
   
   PI’s contact information: Email ____________________________  Phone #: ________________
9. IS INDIRECT COST ALLOWED?

   _Yes_ ___No
   IF YES, the percentage allowed by this funder is ______%.

10. IS MATCHING REQUIRED?

   _Yes_ ___No
   IF YES, what type and amounts are required (i.e., in-kind and/or cash match)?
   Grantees are required to match 20% of the award with monetary or in-kind resources.
   No federal funds may be used as part of the match.

11. REQUIRED SIGNATURES

   Form SF 424 – Authorized Representative ___________________________
   (One original copy signed in blue ink.)

12. PROGRAMMATIC CRITERIA (e.g. services to be rendered, populations to be served, required partnerships, provision of training, etc.)

   (A) expanding training opportunities using TBL that are sustainable and scalable
   (B) strategic partnerships
   (C) robust provisions for user support including underserved populations
   (D) training that leads to an occupationally recognized credential in a high-growth/high-demand field

13. COMPONENTS OF THE PROPOSAL & ATTACHMENTS (e.g. executive summary, budget narratives, programmatic narrative, forms, applications, letters, attachments, etc.)

   Part I – The Cost Proposal
   In addition to the forms listed below, include a concise budget narrative.
   FORMS TO INCLUDE:
   SF 424 Application for Federal Assistance
   SF 424A Budget Information Form
   OMB Survey on Ensuring Equal Opportunity for Applicant (suggested)

   Part II – The Technical Proposal
   Beginning numbering with Page 1; section may NOT exceed 20 pages
   Page #1 – Executive Summary (no other narrative is allowed on this page)
   Special note: NO cost data or reference to prices are allowed in this section!
   Attachments
   may NOT exceed an additional 10 pages
   may include resumes and general letters of support
   required letters of partnership WILL count as part of these 10 pages

14. FORMAT

   Double-spaced, single-sided, 8.5 x 11” paper
   Font: 12 point
   Margins: 1 inch

15. PERMISSIBLE SUBMISSION PROCESSES

   • _Paper_: U.S. Postal Service, professional overnight delivery, hand delivery
     One original signed (blue ink) + 2 copies one of which has no binding/staples
   • _Electronic_: Grants.gov
Attachments must be saved with extensions .doc, .xls or .pdf
16. **LIST ALL MEMBERS OF THE GRANT WRITING TEAM:**
Persons named below will be assigned responsibilities and due dates for completion in a Project Management System.

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<th>NAME</th>
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17. **WHAT CURRENT HCC PERSONNEL WILL BE WRITTEN INTO THIS PROPOSAL?**
What percentage of each person’s time will be match and/or paid from the grant?

<table>
<thead>
<tr>
<th>NAME OR EXISTING POSITION</th>
<th>% OF MATCH</th>
<th>% FROM GRANT</th>
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18. **WHAT NEW POSITIONS WILL BE WRITTEN INTO THIS PROPOSAL?**

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<th>POSITION TITLE</th>
<th>LEVEL</th>
<th>RATE/SALARY</th>
<th>HOURS/WEEK</th>
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19. **HAS H.R. BEEN CONSULTED FOR POSITION TITLES AND CLASSIFICATION?**

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Draft Checklist (7/30/2008) – Page 4
20. WHAT EXISTING HCC RESOURCES WILL BE REQUIRED TO PERFORM THE ACTIVITIES WRITTEN INTO THIS PROPOSAL IF THE GRANT IS AWARDED? (Consider such items as office space, telephone(s), computer(s), software, furniture, etc.)

21. DOES THIS PROPOSAL REQUIRE ANY INTERNAL EVALUATION COMPONENTS?  
   __Yes   ___No  
   IF NO, skip to question #24.  
   IF YES, what evaluation will be required? Who will develop and conduct the evaluation?

22. HAS THE INSTITUTIONAL RESEARCH OFFICE REVIEWED THE METHODOLOGY?  
   __Yes   ___No   ___NA

23. IF NEW EVALUATION POSITION(S) ARE NEEDED, ARE THEY REFLECTED IN THE NEW PERSONNEL TABLE ABOVE?  
   __Yes   ___No

24. DOES THIS PROPOSAL REQUIRE EXTERNAL EVALUATION?  
   __Yes   ___No  
   IF YES, how will this requirement be met?

25. DOES THIS PROPOSAL REQUIRE IRB REVIEW AND/OR APPROVAL?  
   __Yes   ___No

26. SPECIAL BUDGETARY CONSIDERATIONS:  
   No more than 10% of the grant funds may pay administrative costs. Funds may not be used for supportive services such as transportation or child care. Costs per participant must be calculated by dividing the total amount of the budget designated for training by the number of participants trained.
27. IF KNOWN, WHAT ARE THE POST-AWARD REPORTING REQUIREMENTS?