



2017 - 2018

Request for Proposals

Foundation Mini-Grants

Contact:

Dawnie Slabaugh – (530) 938-5373

Email: [slabaugh@siskiyous.edu](mailto:slabaugh@siskiyous.edu)

The grant award (s) specified in this *Request For Proposals* (RFP) will be for the 2016-2017 academic year.

<b>Funding Source:</b>	COS Foundation
<b>Funding Period:</b>	Fiscal Year 2017-2018
<b>Number of Awards:</b>	Varies – 0 to \$1,000
<b>Requests Due By:</b>	Friday, September 15 by 3:30 p.m. to Public Relations/Foundation Office (located in Building 95)

### **Purpose / Use of Funds**

The purpose of these awards is to offer wider monetary support for innovative educational opportunities at College of the Siskiyous.

### **Need**

The Foundation Grants provide incentive to support innovative, even experimental activities that advance the College mission. The Foundation seeks to otherwise increase involvement in interdisciplinary learning opportunities for faculty and staff and support the planning agenda of the College.

### **Objectives**

It is expected that the proposals will:

- Enhance the College's ability to strengthen its programs and services.
- Support faculty and staff development within a learning community environment.
- Support the use of technology for enhancing the educational opportunities of students, staff and faculty.

### **Procedures**

- Grant proposals may be developed and submitted by all individuals or campus units.
- **Proposals are to be delivered to the Foundation Office no later than 3:30 p.m., Friday, September 15, 2017.**
- Please see form next page where these items should be addressed:
  1. Indicate how this request fits into your department's goals and plans or those of the College as a whole.
  2. Include a statement of need addressing how the funds will support the request and who will benefit from the project.
  3. If the request will involve using resources of other departments, please specify.
  4. If request is for technology, the Director of Technology Services must also sign the grant request and include approved quotes from Technology Services prior to submission.
  5. If the request will involve using resources of other departments, the appropriate vice president must also sign the grant request.
  6. Identify your objectives and how they will be measured.
  7. Provide a projected time line.
  8. Provide a detailed budget including costs over the requested amount.
- A committee will review the proposals and select recipients. Representatives on the committee will include the Foundation Board President or designated Board Member, Foundation Director, a Classified Staff member, a Faculty member and an ASM member.
- Lobbying is not allowed.

### **Final Evaluation / Performance Outcomes**

- Each funded applicant is required to submit a final progress and expenditure report by **June 15, 2018**. It is expected the recipient will use all funds awarded. Unspent funds for the award period will not be carried over to next fiscal period. The final report must describe the project and performance outcomes, as well as a final budget.

### **Information**

If you have questions or need more information regarding the RFP, please contact Dawnie Slabaugh – (530) 938-5373 or send email to [slabaugh@siskiyous.edu](mailto:slabaugh@siskiyous.edu).

Requesting Individual: \_\_\_\_\_ Department: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (max amount - \$1,000)

**(Please type statement – use as much space as needed)**

- 1) Please indicate how this request fits into your department's goals and plans or those of the College as a whole.
  
- 2) Statement of need addressing how the funds will support the request and who will benefit from the project.
  
- 3) If the request will involve using resources of other departments, please specify.
  
- 4) Please identify your objectives and how they will be measured.
  
- 5) Please provide a projected timeline for the project.
  
- 6) Please provide a detailed budget including costs which may also exceed the requested amount and any other funding sources or matching dollars.

This request should be reviewed by and must include signature of approval / support from your immediate Supervisor and Vice President.

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
If maintenance/facility modification, Director of Maintenance.

\_\_\_\_\_  
If technology request, Director Info. Technology