Bismarck State College

GRANT PROPOSAL CONCEPT FORM

You are welcome to adjust the space under each question to allow for the length of your response.

Name of Person(s) Submitting this Concept_____

Phone Number _____ **Date this form was completed** _____

Funding Source (if known) _____ **Grant Due Date** _____

Estimated Duration of the Project _____

1. **Summary of the Project (brief outline of the need for the project):**

2. **Please describe the project costs, activities to be implemented, anticipated impact or benefit of the project, and the estimated number of participants (students, faculty, community, etc.).**

3. **Who will lead and direct the project?**

4. **Are there any external partners? Yes ☐ No ☐ If yes, please list them.**

5. **Will the project require personnel to be hired or reassigned for the project? Yes ☐ No ☐ If yes, please describe personnel required.**

■ ***SIGNATURES AND SUBMISSION***

Please obtain all the appropriate signatures, and send the completed form to the Resource Development Office. **(Revised March 2008)**

Department Chair _____**Date**_____

Department Dean _____ **Date** _____

Associate Vice President _____ **Date** _____

Vice President _____ **Date**_____