



LOUISIANA DELTA
COMMUNITY COLLEGE

OFFICE OF GRANTS DEVELOPMENT

Name:	
Position/Title:	
Department:	
Email:	
Phone Number:	
Date:	

Grant Title:

Submission Deadline:

Copy/Paste Link to Grant Listing: (If there is no link, please submit as separate attachment.)

Federal or State Funds?	
Maximum Award?	
Minimum Award?	
Is there a match requirement? Please describe requirements.	
Is new Equipment required? Please describe.	
Are new faculty/staff required? If so, list proposed titles and salary ranges.	
Is additional space required?	

What program/department/campus would these funds benefit and how?



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Who would be the subject matter expert within our institution if we pursued this grant?

Other persons responsible? (List existing faculty and proposed titles if new hires required)

Provide overview of proposed project/use of funds if grant were awarded.



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How does this project propel LDCC's strategic plan?

***NOTE: Strategic Plan may be accessed on LDCC Website. Search "Strategic Plan."**

Agreement of Responsibilities:

Upon signing, I understand that I will be required to participate in the development of this grant proposal, as well as this project if grant funds are awarded. I agree to support reporting requirements in collaboration with the Office of Grants Development. If I will receive any additional salary or personal benefits as a result of this grant proposal, I understand that I will be required to provide thorough justification for such a benefit prior to any engagement in planning/development of this project.

Print Name

Signature

Date

Approval to engage in grant activities:

Signature

Date

Title of Authorizing Representative

Provider: LDCC's Office of Grants Development

Originated: July 2023

Revised: July 2023