

## LDCC Proposal Approval Form Office of Grants Development

Date filed: \_\_\_\_\_

## Principal Investigator/Project Director:

Email: Phone:

Co-Principal Director or Co-Director (if applicable): Email: Phone:

Division and LDCC Campus:
Division Chair:
Email:
Phone:

Agency or Sponsor Name:	
Link to Funding Announcement:	
CFDA# (if federal):	
Application Deadline:	

Proposal Title:
Program Title (If different from proposal title):

Check as many as appropriate:	Check one:
On campus	□ New
	Continuation
Off campus	Revision
	□ Supplement
	Transfer

f project abstract:	
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## Signatory Page for LDCC Proposal Routing Form

Principal Investigator/Project Director Certification			
I the undersigned, do hereby certify that the information provided about this project is accurate and all appropriate disclosures have been			
made. Furthermore, we certify that this project is in compliance with LDCC's policy, the terms and conditions of the sponsored project,			
all applicable laws and regulations.			
Signature:	_Date:		
Signature (CoPI/CoPD):	Date:		

## ADMINISTRATION APPROVALS (Signatures below indicate the review and approval of this proposal and are to be completed in order shown.)

Dean/Director (Signature to be obtained by PI/PD prior to submitting this form to OGD)

Date:

Office of Grants Development (Signature to be obtained by Dean/Director)

Vice Chancellor of Education and Student Services (Signature to be obtained by OGD)

Date:

Date:

Vice Chancellor of Finance and Administration (Signature to be obtained by OGD)

Date:

Chancellor (Signature to be obtained upon receipt of this form and completion of ALL above signatures)

Date:

Please submit all elements of completed proposal along with this form. Incomplete submissions will not be approved.

- Abstract
- Budget
- Budget Narrative
- Proposal Narrative
- All forms/attestations
- All MOUs/Letters of Support
- Any other attachments being submitted with proposal