Request to Apply for External Funding

All External funds must be related to the mission, purpose, and goals of Howard College.

Proposal Title: ______________________________________________________________

Funding Source: _______________________________________

Purpose: _________________________________________________________________
_______________________________________________________________
_______________________________________________________________

Intended Use of Funds: (salaries, equipment, supplies, etc) _________________________
_______________________________________________________________
_______________________________________________________________

Amount of Request: _______________________________________________

Proposed Program Period: ____________________________ (from mm/dd/yy)
__________________________ (to mm/dd/yy)

Proposal Writer: _______________________________________________________

Coordinator/ Director: ___________________________________________________

Funding Agency Due Date: _______________________________________________

Report Preparation:

Narrative Reporting By: ____________________________ (must always be the Project Director)

Financial Reporting By: ____________________________
Administrative/Indirect Cost Allowances

The college is always pleased to support projects that promote education. However, as fiscal agent, the district does incur additional costs for each administered project within the district (i.e., payroll preparation and staff benefits coordination, accounts payable, financial reporting, auditing, and administration.)

Projects which allow administrative or indirect cost allowances can assist the district in off-setting these costs.

Calculation

Total amount **ALLOWED** by funding agency: $__________________________

The above amount is: Administrative  Indirect Cost

District amount: $__________________________

Utilized within project: $__________________________

Please explain: __________________________________________________
_________________________________________________________________
_________________________________________________________________

Submitted By: ____________________________ Date: _____________

Division Director/Supervisor: ____________________________ Date: _____________

Cabinet Member: ____________________________ Date: _____________

Chief Business Officer or

Campus Dean Support Service/SA: ____________________________ Date: _____________

Chief Financial Officer: ____________________________ Date: _____________

☐ Approved  ☐ Disapproved

President: ____________________________ Date: _____________

Comments: __________________________________________________
_________________________________________________________________
_________________________________________________________________