

**College of The Albemarle Grant Approval Routing Form**  
**For Grants over \$100,000 or that have Cost Sharing**

**Instructions:** For a  (checkbox), place the cursor on the box and right click with your mouse to access the “properties.” Under the default value, indicate “checked.” This will place an “X” in the appropriate box. The Grants Coordinator will submit the completed form via DocuSign.

**Requestor:**

**Grant Title:**

**Date Requested By:**

<b>Leadership</b>	<b>Signature Required</b>	<b>Signature</b>
<b>Supervisor</b> *Required for all grants.	<input checked="" type="checkbox"/> <b>Yes</b>	
<b>Department Head</b> If different from Supervisor	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Executive Director, Foundation and Institutional Advancement</b> Required for 501 (c)(3) grant submissions	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>VP of Learning</b> Required for specific departments supervised.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>VP Student Success and Enrollment Management</b> Required for specific departments supervised.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Chief Operations Officer</b> Required for specific departments supervised.	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>Chief Financial Officer</b> *Required for all grants.	<input checked="" type="checkbox"/> <b>Yes</b>	

<b>President</b> *Required for all grants.	<input checked="" type="checkbox"/> <b>Yes</b>	
<b>Board of Trustees, Finance Committee</b>	<input checked="" type="checkbox"/> <b>Yes</b>	

**Comments or Specific Follow-Up Requested by Leadership:**

**Please Do Not Write** below this line

Date Received by the College Grant Coordinator: \_\_\_\_\_

Notice to Applicant of Approval to Apply: \_\_\_\_\_

Grant Awarded:  **Yes**  **No**

Amount Funded: \$ \_\_\_\_\_