**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**:

|  |  |  |
| --- | --- | --- |
| **Leadership** | **Signature Required** | **Signature** |
| **Supervisor**  **\***Required for all grants. | **Yes** |  |
| **Department Head**  If different from Supervisor | **Yes**  **No** |  |
| **Executive Director, Foundation and Institutional Advancement**  Required for 501 (c)(3) grant submissions | **Yes**  **No** |  |
| **VP of Learning**  Required for specific departments supervised. | **Yes**  **No** |  |
| **VP Student Success and Enrollment Management**  Required for specific departments supervised. | **Yes**  **No** |  |
| **Chief Operations Officer**  Required for specific departments supervised. | **Yes**  **No** |  |
| **Chief Financial Officer \***Required for all grants. | **Yes** |  |
| **President**  \*Required for all grants. | **Yes** |  |
| **Board of Trustees, Finance Committee** | **Yes** |  |

**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: $\_\_\_\_\_\_\_\_\_\_\_\_