



PROGRAM CONCEPT APPROVAL (PCA)
(Pre-Proposal Development)

INSTRUCTION SHEET

When should this form be completed and submitted?

- If you have a program concept that you'd like to submit for a grant application within the college fiscal year. Getting it pre-approved is excellent program planning!
- PRIOR to putting together a proposal.
- **THREE MONTHS OR MORE, BEFORE THE GRANT APPLICATION IS DUE;** Exceptions may apply based on extenuating circumstances.

NOTE: If a program funding announcement is released less than three months before the grant deadline, please immediately inform the GOSC and get an adjusted submittal date or CONSIDER REAPPLYING AT THE NEXT ROUND OF GRANT APPLICATION SOLICITATION to ensure a campus/district-supported, complete and quality grant application/proposal.

IN ORDER TO EXPEDITE APPROVAL, PLEASE:

- COMPLETE THE REQUIRED INFORMATION to assess feasibility of the program.
- Only accurate and complete forms will be considered; INCOMPLETE FORMS WILL BE RETURNED.
- DO NOT LEAVE BLANK SPACES (include names and extensions as required), otherwise, mark the N/A box if requirement is not applicable; e-mails are acceptable if signatures for required assurances could not be obtained.

PROVIDE THE FOLLOWING AS AN ATTACHMENT TO THE COMPLETED FORM:

1. A copy of Program/Funding Announcement;
2. Draft budget with detailed personnel and position description/justification;
3. A signed letter(s) of support from program partner(s), if applicable. An e-mail from an authorized person is acceptable;
4. E-mail(s) if signature(s) for required assurances could not be obtained.

FOR FURTHER QUESTIONS or INFORMATION, YOU CAN EITHER:

- CALL THE GRANTS ONE-STOP CENTER AT ext. 4955 for any questions.
- SCHEDULE A CONSULTATION MEETING WITH THE GRANTS ONE-STOP CENTER for any one-on-one assistance that you may need.

WE, AT THE GRANTS ONE-STOP CENTER will be happy to assist you!



PimaCountyCommunityCollegeDistrict

PROGRAM FEASIBILITY ASSURANCE ROUTING CONTACTS

NOTE: District approval is required for Bursar, Information Technology, Institutional Research and Planning, and Facilities for costs that exceed \$25,000. All other assurances required must be secured from your campus representative as indicated in the form. Your campus rep may at any time call the District contact listed below if needing further guidance.

District Contacts:

Extension:

<u>Enrollment Services</u> – AVC for Student Services (or designee)	4973
<u>Instructional Services</u> – AVC for Academic Services/Vice Provost (or designee)	4684
<u>Fiscal Services - Students Accounts</u> – Director of Fiscal Services (or designee)	4582
<u>Matching Funds</u> – Director of Budget and Reporting	4568
<u>Facilities</u> –Director of Plant Operations	2733/4730
<u>Grants One-Stop Center</u> – Adv. Fiscal Analysts	4534/4844
<u>Human Resources</u> –HR Advanced Analyst	4632
<u>Information Technology</u> – Vice Chancellor	4809
<u>Planning and Institutional Research</u> – Executive Director	4934
<u>Risk Management</u> – Director	4558

Please call the Grants One-Stop Center at x4955 for any questions.



**PimaCountyCommunityCollegeDistrict
Grants One-Stop Center**

**PROGRAM CONCEPT INFORMATION and APPROVAL (PCA) FORM
(Pre-Proposal Development)**

PROPOSAL DEADLINE: _____ TIME: _____ AVAILIABLE GRANT \$\$: _____

METHOD OF SUBMITTAL: Postmark E-mail Electronic Fax

GRANTING AGENCY: _____ Program Name: _____
 Program Officer: _____ Phone: () _____
 Address: _____ Email: _____

Title: _____

Amount being Requested \$: _____ **Grant Period:** _____ **to** _____

Brief description of program concept:

Is **institutionalization** of the program: Required will be promised? N/A

If so, how much funds are required to institutionalize? \$ _____

COLLEGE PLAN Initiative(s) that the concept will address: _____ **Strategy(ies)#:** _____

Campus Administration/Grant Oversight:
(Must be committed to a minimum of 5% in-kind or paid time to the grant) **Ext.:** _____

Campus: _____ **Department:** _____ **Mailcode:** _____

PROGRAM FEASIBILITY ASSURANCES

CONCEPT COMPONENT	SIGNATURES are required EXCEPT when N/A box is marked
Budget has been developed in consultation with: <input type="checkbox"/> Campus Director of Administrative Services (CDAS) <input type="checkbox"/> Draft budget is attached	<input type="checkbox"/> Yes, Campus Director for Administrative Services (CDAS): Name: _____ Ext: _____ Signature: _____ Date: _____
Human Resources has been consulted on program personnel Job Titles, Classification, Salary & Benefit Rates and compliance to the Fair Labor Standard Act.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Human Resources Representative: Name: _____ Ext: _____ Signature: _____ Date: _____
Letters of Support - Program will be partnering with other: <input type="checkbox"/> department(s) <input type="checkbox"/> campus(es) <input type="checkbox"/> governmental agency(ies) <input type="checkbox"/> non-profit agency(ies) <input type="checkbox"/> private corporation(s)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Please provide name(s): _____ _____ _____ <input type="checkbox"/> Letter(s) of support is(are) attached.
Facilities has been consulted/informed of space requirements, such as wiring, lighting, utilities, equipment, permits, etc. (Requires District approval if cost exceeds \$25,000)	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, FACILITIES Rep: Name: _____ Ext: _____ Signature: _____ Date: _____
Matching Funds required by grantor at: _____% of total funds being requested, or a total amount of \$_____ that the Campus will commit under Fund#: _____, Org#: _____, Prog#: _____ has been verified to be available by the CDAS.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Campus Director for Administrative Services (CDAS): Name: _____ Ext: _____ Signature: _____ Date: _____
Vice President for Student Services has been consulted and is aware of the program requirements on enrollment services and will be able to accommodate the needed support.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Vice President for Student Services: Name: _____ Ext: _____ Signature: _____ Date: _____
Vice President for Instruction has been consulted and is aware and supports the re-assigned faculty time needed to meet program requirements.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Vice President for Instruction: Name: _____ Ext: _____ Signature: _____ Date: _____
District's Director for Fiscal Services has been consulted on student tuition arrangements and processes that the program will require, and will be able to accommodate the needed support.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Director for Fiscal Services: Name: _____ Ext: _____ Signature: _____ Date: _____
Vice Chancellor for Information Technology has been consulted and is aware of the program requirements and will be able to accommodate the needed support.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Vice Chancellor for Information Technology: Name: _____ Ext: _____ Signature: _____ Date: _____
Planning and Institutional Research's Executive Director has been consulted and is aware of the program requirements (including any research involvement of Human Subjects) and will be able to accommodate the needed support.	<input type="checkbox"/> N/A <input type="checkbox"/> Yes, Executive Director for PIR: Name: _____ Ext: _____ Signature: _____ Date: _____
Campus President has been informed and consulted of the program concept and has thoroughly discussed potential risks and liabilities that may or may not occur.	Name: _____ Ext: _____ Signature: _____ Date: _____

REVIEWS and APPROVALS

We attest by our signatures below, that this program concept has been completed in accordance with information gathered through consultations with various offices/parties listed herein.

Campus Approvals

_____	_____	_____	_____
Project Director/Program Manager	Date	Campus VP/AVC/Designee	Date

Grants One-Stop Center Approvals

_____	_____	_____	_____
Program Coordinator	Date	Advanced Fiscal Analyst	Date
_____	_____	_____	_____
Executive Director Grants One-Stop Center	Date	Vice Chancellor Community Relations and Inst. Outreach	Date