

McLennan Community College
EXTERNALLY FUNDED PROJECT TRANSMITTAL FORM

Name of Project: _____

Anticipated Amount of Grant or contract Request: _____

Funding Period: _____ Funding Agency: _____

MCC Grant/Contract Proposer/Administrator: _____

Proposal or Revision Report (check one) Due Date: _____

Reason for Revision or Report (if applicable): _____

APPROVAL TO PROCEED (Original proposals only):

Briefly explain this project's congruence with MCC's Long-Range and/or Annual Goals:

Signatures:

Immediate Supervisor: _____ *Date:* _____

VP or Dean: _____ *Date:* _____

Director, Resource Development: _____ *Date:* _____

VP, Finance & Administration: _____ *Date:* _____

President: _____ *Date:* _____

APPROVAL OF PROPOSAL, REVISION, CONTRACT OR REPORT

Signatures (Route to):

Dean: _____ *Date:* _____

Sr. Accountant, Grants/General Ledgers: _____ *Date:* _____

Director, Resource Development: _____ *Date:* _____

Vice President, Instruction: _____ *Date:* _____

Vice President, Student Success: _____ *Date:* _____

VP, Research, Planning & IT: _____ *Date:* _____

VP, Finance & Administration: _____ *Date:* _____

President: _____ *Date:* _____