

# Procedure No. 503.1 - Supplement 1

Revised: 09/06/16

Atlantic Cape Community College

## SAMPLE REQUEST FOR PROPOSALS (RFP) REVIEW FORM

*Form to be completed by Resource Development Department*

Date:

Name of Funding Agency and Grant or Competitive Contract Opportunity:

Name of RFP Reviewer:

Department(s) Grant or Competitive Contract Would Support:

Name of Staffer to Lead Project:

Amount of Grant:

Deadline for Submission:

Proposal Development Timeline and Milestones:

Institutional Goals and Objectives Supporting Grant:

Targeted Population:

Level of Service:

Purpose of Grant:

Identify Potential Barriers:

Identify/Forecast Any Obligations that Atlantic Cape Would Incur in Accepting Grant: Recommendation:

Additional Grant Information for Board Resolution:

- a. Is there a match? \_\_\_\_ YES \_\_\_\_ NO If yes, identify possible source(s)
- b. College In-Kind contributions:
- c. Date grant period starts:
- d. Date grant period ends: