

FACULTY & STAFF ADVANCEMENT AWARDS
Fall 2020 Grant Cycle Application Cover Sheet

Application Due to Your Supervisor: *Thursday, September 10th at Midnight*
Signed Application Due to *gbianchi@mpc.edu*: *Tuesday, September 15th at 5:00 PM*

Required General Information

Primary Contact Name	
Other Participants Involved	
Department	
Division	
Email Address	
Phone Number or Extension	

Faculty or Staff Full time or Part time/Adjunct
 Professional Development Instructional Materials Summer Project (Garrison Award) Other
 Partial Award Acceptable?(Yes or No) _____

Grant Monies Requested \$ _____

Other Potential Funding Sources? _____

Does this project relate to your Program Review? Yes No

Optional Comments from Applicant's Supervisor (Dean, Manager, Vice President, or President):

Applicant's Direct Supervisor (i.e. your Dean, Manager, Vice President, or President):

PRINT NAME:

SIGN NAME:

I acknowledge that I have read this proposal.

Please Attach Proposal Letter and Budget.
Send final signed application as a single scanned PDF file to
gbianchi@mpc.edu.