

## Benefit-Cost Analysis for Grant Applications

This form is a required step in the proposal development process after you have spoken with a representative of the Grants and Resource Development Office. If you have not done so already, please contact the Grants and Resource Development Office before proceeding.

The Chancellor's Cabinet will utilize your responses on this form to determine whether you may proceed with your grant proposal.

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* Required to answer.						
1.	Please list the individual(s) who will manage the grant, if funded:*					
2.	Name of funding agency:*					
3.	Link to funding announcement/solicitation.*					
4.	Proposal deadline:*					
5.	Proposed name of project:*					
6. prop	Please provide a short overview of the project; include the need/justification for the project and how the osed project aligns with the College mission:*					

7. Please list the benefits/pros, including the anticipated student outcomes:\*

8.	Please list the costs/cons of the project:*					
0	Doos the funder	roquiro cost s	charing?:*			
9. Does the funder require cost sharing?:*						
	Yes	No	Unsure			
10.	If you indicated	d that the fund	er requires cost sharin	ng, please list the amount/percentage here:		
11.	Does the fund	er restrict the i	ndirect rate?*			
			Unsure			
	Yes	No	Offsure			
12.			that if the funder does ries and benefits):*	not restrict the indirect rate, we will need to charge our federal	ly	
neg	olialed fale of 57.	.570 OI ali Salai	nes and benefits).			
13.						
14.	Please indicate	e the funding p	period:*			
	1 year					
	2 years					
	3 years					
	4 years					
	Other					
				ng with this form and indicate all relevant cost		
са	tegories, and a	s mucn deta	ılı as you can provi	ide at this time to Maureen Harrington,		

mharrington@ccsf.edu.