



# 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.

**\* Required to answer.**

1. Please list the individual(s) who will manage the grant, if funded:\*

2. Does your Department Chair know about and approve of this proposal? Yes/No/Not applicable and explain.\*

3. Does your Dean know about and approve of this proposal? Yes/No/Not applicable and explain.\*

4. Name of funding agency:\*

5. Link to funding announcement/solicitation.\*

6. Proposal deadline:\*

7. Proposed name of project:\*

8. Please provide a short overview of the project; include the need/justification for the project and how the proposed project aligns with the College mission:\*

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

10. Please list the costs/cons of the project:\*

11. Does the funder require cost sharing?:\*

☐ Yes      ☐ No      ☐ Unsure

12. If you indicated that the funder requires cost sharing, please list the amount/percentage here:

13. Does the funder restrict the indirect rate?\*

☐ Yes      ☐ No      ☐ Unsure

14. Allowable indirect rate (note that if the funder does not restrict the indirect rate, we will need to charge our federally negotiated rate of 37.5% of all salaries and benefits):\*

15. Please indicate the total budget amount per year:\*

16. Please indicate the funding period:\*

- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- Other

***Please email your proposed project budget along with this form and indicate all relevant cost categories, and as much detail as you can provide at this time to Maureen Harrington, [mharrington@ccsf.edu](mailto:mharrington@ccsf.edu).***