

Needs Assessment Form

To be used by any MCC department, faculty or staff to apprise the Grant Development Office of your funding needs.

Name: _____ Date: _____

Department/Division: _____

Email: _____ Phone: _____

In case the Grant Development Office should need to discuss this request with you, please indicate best day/time(s) to reach you:

Do you want assistance with a specific need or is this request for general on-going support?

Please describe in detail:

Total Program Costs (if applicable): \$ _____

Funding Amount Requested – (can be estimated): \$ _____

If funded, how will this project impact the college, department, and/or faculty/staff, and Constituents (students, community)?

How does this request fit with the College's Strategic Plan or Key Initiatives?

Are you aware of any funding sources that fit this request? If so, please indicate below:

Funding deadline (if known): _____

Faculty/Staff signature: _____

Dean/Department Head or Supervisor signature: _____

