



**AUTHORIZATION TO SEEK FUNDS FROM EXTERNAL SOURCES**  
**TO BE COMPLETED *BEFORE* WRITING PROPOSAL**

*Return Form To: FHDA Foundation or contact  
Robin Lyssenko at [lyssenko@fhda.edu](mailto:lyssenko@fhda.edu) – x6233*

**PAGE ONE**

*It is IMPERATIVE that all fund solicitations from foundations, corporations, and individuals be coordinated district-wide, through the FHDA Foundation, and through the district grants monitor for public grants and sponsored projects. This form must be signed by your manager, division dean or vice president to indicate that your request meets college, program, and/or district priorities, and must be cleared by the appropriate support service if facilities, technology, and/or research support will be required.*

Name:

Phone:

Department/Division/College:

Email:

Name of Granting Source:

Foundation/Corporation/Individual/Government?

Total \$ Requested:

# of Years

Submission Deadline:

Describe use of grant funds and how they will support student success/access:

Explain need for funds:

Describe how project will be sustained after grant period:



*I authorize the FHDA Foundation to participate in or delegate proposal development. My authorization indicates approval of the proposed use of funds:*

\_\_\_\_\_  
Name & Title (Dean or Director)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*I authorize the FHDA Foundation to participate in and/or delegate proposal development. My authorization indicates approval of the proposed use of funds:*

\_\_\_\_\_  
Name & Title (Vice President)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## PAGE TWO

### INSTITUTIONAL RESEARCH & PLANNING

Will this project require resources from Institutional Research & Planning?

If yes, please describe:

\_\_\_\_\_  
Executive Director, Institutional Research - Signature

\_\_\_\_\_  
Date

### TECHNOLOGY

Will this project result in the purchase of computer hardware, software, or other technology?

If yes, please describe:

Will this project require ETS maintenance or support?

If yes, please describe:

\_\_\_\_\_  
Vice Chancellor, Technology - Signature

\_\_\_\_\_  
Date

### FACILITIES

Will this project require additional space, alteration of space, or other facilities support?

If yes, please describe

\_\_\_\_\_  
Executive Director, Facilities – Signature

\_\_\_\_\_  
Date



### FOUNDATION APPROVAL

Robin Lyssenko or  
authorized representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### DISTRICT GRANTS MONITOR

Bret Watson or  
authorized representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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