**APPENDIX D**

**GRANT-FUNDED PROJECT  
First Review**

**INSTRUCTIONS:**

* This review must be completed by Grants Coordinator within the first 30- days of the award/approval of any PVCC Grant. The report shall be presented by Grants Coordinator to Grant Project Administrator and respective Vice President.
* Reviewer’s recommendations must be acted upon within 30-days, or earlier, if deemed necessary by the Vice President of Administrative Services.

1. **GRANT: CONTRACT: FOUNDATION: MOU:   
   REVIEW DATE:**
2. **GRANTOR:   
   GRANT PROJECT TITLE:   
   CONTACT NAME: CONTACT PHONE:**
3. **GRANT PROJECT ADMINISTRATOR:**

**DISTRICT CONTACTS:** Grant Development:

Name Phone

Grant Accounting:

Name Phone

1. **GRANT PERIOD:** Start Date: End Date:
2. **FINANCIAL:**

Amount Awarded:

Charge Center:

Method of Funding: Allocated Funds Reimbursement Other:

Budget Completed: Yes No Date to be completed:

1. **PROJECT SUPPORT STAFF:** (Indicate status; currently employed or to be hired, hours, schedule, funding source)
2. **EXECUTIVE SUMMARY:** (Describe the project, target population to be served, partners, etc. Attach additional pages as necessary.)
3. **IMPLEMENTATION PLAN DETAILS:**Existing Plan: Yes No  
   Goals: Yes No  
   Activities: Yes No

Comments on adequacy:

1. **OPERATING PLAN DETAILS:**Existing Plan: Yes No  
   Goals: Yes No  
   Activities: Yes No

Comments on adequacy:

1. **GRANT COMPLIANCE REQUIREMENTS:**
2. **GRANTOR REPORTING/EVALUATION REQUIREMENTS:**  (Include due dates)
3. **REVIEW PERIOD:** Start: Finish:
4. **GRANTS COORDINATOR ASSESSMENT & RECOMMENDATIONS:**

**Prepared by:   
GRANTS COORDINATOR Signature Date**

**Reviewed by:   
GRANT PROJECT ADMINISTRATOR Signature Date**

**Reviewed by:   
RESPECTIVE VICE PRESIDENT Signature Date**

**CC: President**

**Vice President of Administrative Services**