

**Northeast State Community College
HEERF Internal Project Request
Preliminary Approval/Cover Sheet**

Faculty/Staff Submitting Form: _____ Date Submitted: _____

Preliminary Proposal Information

1. College Department _____ New Proposal Renewal
2. Title of Proposal: _____
3. Briefly describe how the project will benefit Northeast State (include strategic plan/college mission; CCTA; A2S, etc.)

4. Project Director (Main contact for the project): _____

5. Submission Date: _____ Requested Implementation Period: _____

6. Proposal information has been shared with key personnel/college departments that are needed to implement the project and/or that might be significantly impacted by the project:

Name

Title

Name	Title

Estimated Budget

Amount of HEERF Funding Requested _____

Preliminary Administrative Approvals

	Signature	Date
Academic Dean/Immediate Supervisor		
Supervising Vice President		