

DCCCD DEVELOPMENT PROJECT PROCESS CHECKLIST

College/Location: _____

Concept Phase Review Date: _____

Final Application Review Date: _____

NOTE: This Checklist is recommended by the DCCCD RDO Council as a guide to the professional decision-making process at each college/location, to achieve awareness and buy-in among important stakeholders in externally funded initiatives under consideration.

PROJECT DESCRIPTION AND IMPLICATIONS (ATTACH COMPLETED CONCEPT ABSTRACT):

Considerations	Explanations/Additional Info Needed/Notes	CONCEPT PHASE Checklist	FINAL APPLICATION Checklist
Person(s) initiating concept:			
Department(s) initiating concept:			
Concept abstract completed?			
Acceptable anticipated outcomes/benefits?			
Aligned with DCCCD/College strategic goals/objectives and/or operational need(s)?			
Acceptable instructional implications?			
Acceptable student services implications?			
Acceptable community outreach implications?			
Acceptable budgetary implications?			
Acceptable matching/cost-sharing requirement?	<ul style="list-style-type: none"> — No matching required. — All matching is in-kind. (Include details -- attach list of items, values, and providers.) — All matching is cash or a combination of cash and in-kind. (Include details – attach list of items, amounts, and providers.) 		
Acceptable personnel/staffing implications?			
Acceptable facilities/IT implications?			
Acceptable legal/compliance implications?			
Acceptable partnerships and documentation of these for Final?			

DCCCD DEVELOPMENT PROJECT PROCESS CHECKLIST—Continuation

INSTITUTIONAL REVIEW BOARD REQUIREMENTS:

		CONCEPT PHASE Checklist	FINAL APPLICATION Checklist
<p>Will public funds be used to support research on human subjects? ___ NO ___ YES* (*If YES, complete necessary forms for consideration by college Institutional Review Board, prior to application/proposal submission.)</p> <p>IRB: All grants involving research on human subjects require review under College’s IRB expedited procedures in accordance with 45 CFR (check all that apply at the right).</p>	___ Exempt: Research conducted in established or commonly accepted educational settings involving normal education practices (e.g., curriculum, instruction)		
	___ Exempt: Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior (subject to confidentiality of personally identifiable information)		
	___ Exempt: Research involving collection or study of existing data, documents, and records (subject to confidentiality of personally identifiable information)		
	___ Exempt: Research studying, evaluating, or examining public benefit or service programs		
	___ Other: IRB approval must be obtained prior to starting research activities (see below)		
<p>Approval of IRB Chair or designee (required):</p>	<p>IRB Chair [NAME/TITLE]: _____ SIGNATURE: _____ DATE: _____</p> <p>(OR)</p> <p>IRB Member/Chair Designee [NAME/TITLE]: _____ SIGNATURE: _____ DATE: _____</p>		

LOCATION APPROVAL:

VP of Business	SIGNATURE: _____ DATE: _____
President’s Approval (or designee’s)	<p>CONCEPT has been reviewed/approved by President [or designee’s NAME/TITLE] :</p> <p>_____</p> <p>President’s (or designee’s) SIGNATURE: _____ DATE: _____</p>
	<p>FINAL APPLICATION has been reviewed/approved by President [or designee’s NAME/TITLE] :</p> <p>_____</p> <p>President’s (or designee’s) SIGNATURE: _____ DATE: _____</p>