HIGHLINE COLLEGE

GRANT ACKNOWLEDGEMENT FORM

GRANT NAME: _____

DURATION FROM: _____   TO: _____ AMOUNT: _____

CHARTFIELD (S):

FUND	CLASS	DEPARTMENT	PROGRAM	ACTIVITY	PROJECT	AMOUNT
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

COMBO CODE(S):

_____   POSITION: _____   ACTIVITY: _____

_____   POSITION: _____   ACTIVITY: _____

_____   POSITION: _____   ACTIVITY: _____

_____   POSITION: _____   ACTIVITY: _____

_____   POSITION: _____   ACTIVITY: _____

By signing below, you acknowledge the grant requirements as set out by Highline College and your grant funder. Failure to follow these procedures can result in billing delays, audit findings, and loss of funding to your program and the College.

If applicable, signed time & effort and/or stipend forms, and any supporting grant documentation need to be submitted per academic term per State and Federal guidelines.

PRINCIPAL INVESTIGATOR / PROGRAM MANAGER:

NAME: _____ SIGNATURE: _____DATE:_____