

Grant Intent to Apply Form

Please read the RFP and provide the following information in detail.

Attach a copy of the RFP to the completed form and submit to the Director of Grants for approval to proceed.

Program/Department:Click or tap here to enter text.	Date Form Completed:Click or tap to enter a date.
Principal Investigator:Click or tap here to enter text.	Grant Submission Deadline:Click or tap to enter a date.
Project Title:Click or tap here to enter text.	Funding Type: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Foundation
Official Grant Name:Click or tap here to enter text.	Official Grant Number:Click or tap here to enter text.
Funding Agency:Click or tap here to enter text.	Net Cash Flow: <input type="checkbox"/> Reimbursement <input type="checkbox"/> Advancement
Amount to be Requested:Click or tap here to enter text.	Anticipated Notification Date:Click or tap to enter a date.
Grant Match Amount:Click or tap here to enter text.	
Project Start Date:Click or tap to enter a date.	Project End Date:Click or tap to enter a date.
What is the challenge your project will address or Why is this project needed?Click or tap here to enter text.	
How will your project address the challenge or need?Click or tap here to enter text.	
Project Description (What will be done?):Click or tap here to enter text.	
Where will the project take place (specific location)? Click or tap here to enter text.	
Target Population and How many will be served? :Click or tap here to enter text.	
Potential Impact on Target Population (Goals that meet the challenge or need):Click or tap here to enter text.	
How will the project be evaluated?Click or tap here to enter text.	
Name of person(s) responsible for funding source reporting requirements:Click or tap here to enter text.	
Funding Source Reporting Requirements Financial and Programmatic (include how often):Click or tap here to enter text.	

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How will the project be sustained once the funding period is over? Click or tap here to enter text.	
Will there be any partners or collaborators? If yes, include who, contact information and in what capacity. Click or tap here to enter text.	
Please provide a project budget or a summary of the costs (the types of costs the funding will be used for such as staff salaries, equipment purchases, supplies, etc.) if a full budget is not available. List all goods and services to be purchased: Click or tap here to enter text.	
How will the project be staffed? Please describe the staffing plan include all staff that will participate. Click or tap here to enter text.	
# of Staff Who Will Participate: Click or tap here to enter text.	Will grant require staff to be pulled away from their primary duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will staff training be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are training costs included in budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the grant include technology? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, has the IT Dept. been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the grant require office space? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, has the Dept. Head been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Assessment	
Does the project align with the grant criteria? Click or tap here to enter text.	
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Is the project feasible? Click or tap here to enter text.	
Can we meet the matching requirement? Click or tap here to enter text.	
Is the initiating department able to adequately manage the grant? Click or tap here to enter text.	
Are there other considerations? If so, please describe: Click or tap here to enter text.	
Other departments to involve: Click or tap here to enter text.	

Approval to Proceed with Application:

VP of Finance and Administration Approval Signature

Date

Director of Grants Approval Signature

Date