INTENT TO APPLY
GRANTS

GRANT PROJECT SUMMARY

CENTER or DEPARTMENT	FUNDING SOURCE (CFDA# IF APPLICABLE)	DATE FORM COMPLETED
ADMINISTRATIVE SUPERVISOR	FUNDING SOURCE WEBSITE	GRANT PERIOD
PROJECT TITLE	PROJECT POINT OF CONTACT (PROJECT POC)	FUNDER'S APPLICATION DEADLINE
AMOUNT REQUESTED	CO-APPLICANT(S); DISTRICT(S); ORGANIZATION(S)	

PROJECT DESCRIPTION & POTENTIAL IMPACT

PROJECT DESCRIPTION & SUMMARY OF COSTS/BUDGET
TARGET POPULATION
POTENTIAL IMPACT ON TARGET POPULATION
EXPLAIN HOW THIS PROJECT ALIGNS WITH ESC VISION, PURPOSE, VALUES AND OR GOALS

PROJECT OPERATIONS

FUNDING SOURCE REPORTING REQUIREMENTS (e.g., QUARTERLY, ANNUALLY)
OF STAFF PARTICIPATING; TITLES; DUTIES

	DOES THE IMPLEMENTATION OF THIS GRANT:	SELECT ONE	IF "YES" IS SELECTED, PLEASE PROVIDE AN EXPLANATION
STAFFING	PULL ANY EXISTING STAFF FROM PRIMARY DUTIES?	○ YES ○ No	
	COVER ANY EXISTING SALARY COSTS?	○ YES ○ No	
	REQUIRE ADDITIONAL STAFF TO BE HIRED?	○ YES ○ No	
	COVER ANY ADDITIONAL STAFF SALARY COSTS?	○ YES ○ No	
	INVOLVE HIRING CONTRACTORS?	○ YES ○ No	
	COVER THE COST FOR CONTRACTORS?	○ YES ○ No	
TRAINING	REQUIRE ADDITIONAL STAFF TRAINING?	○ YES ○ No	
	COVER THE COST FOR TRAINING?	○ YES ○ No	
TRAVEL	INVOLVE TRAVEL EXPENSES?	○ YES ○ No	
	COVER THE COSTS FOR TRAVEL?	○ YES ○ No	
MATCHING FUNDS	REQUIRE MATCHING FUNDS?	○ YES ○ NO	
	HAVE MATCHING FUNDS BEEN IDENTIFIED?	○ YES ○ NO	
OTHER	REQUIRE LETTERS OF SUPPORT?	○ YES ○ No	
	REQUIRES SUBRECIPIENT AGREEMENTS?	○ YES ○ No	

ADMINISTRATIVE APPROVAL & ACKNOWLEDGEMENT

CENTER DIRECTOR/DEPARTMENT HEAD	DATE	FISCAL/GRANTS MANAGEMENT	DATE
TREASURER	DATE	SUPERINTENDENT	DATE