**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?  Have Matching Funds been Identified? | |  | | --- | | ⃝ YES ⃝ NO | | ⃝ YES ⃝ NO | |  | | **Other** | Require Letters of Support? | ⃝ Yes ⃝ No |  | | Requires Subrecipient Agreements? | ⃝ Yes ⃝ No |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Center Director/Department Head | Date | Fiscal/Grants Management DATE |
| **Treasurer** | Date | **Superintendent** Date |

**ADMINISTRATIVE APPROVAL & ACKNOWLEDGEMENT**