

“LETTER OF INTERNAL INTENT” TO APPLY FOR A GRANT - FOR REQUESTS ABOVE \$10,000

Applicant Information

Date: _____ Department: _____ Location: _____

Applicant Name: _____

Phone: _____ Email Address: _____

Have you confirmed eligibility to apply? Yes No *(Please confirm before submitting)*

Purpose and Intent

Give a brief description of the purpose; who it benefits *(i.e., students, staff, department, school, parents, etc.)*:

Source of funds *(list agency, i.e. federal, state or local)*: _____

Name of fund: _____

Title of Grant from funding agency, if applicable: _____

Contact person and contact information: _____

Timeframe of project *(i.e., 1-yr, 3-yr, single purchase)*: _____

Does this financial award have specific performance requirements or conditions if it is received (for example, if you receive it, will you be required to report on the use of funds or the status of the funded program)? Yes No

How will this grant project advance progress toward St. Vrain Valley School District goals?

Additional Information

Submission deadline: ____/____/____ Amount applying for? \$ _____

Will this grant involve the hiring, replacement, or compensation of FTE or staff in any way now or in the future? *(Please explain)*

Will this grant involve any of the following areas (if you are unsure, please check the box as a precaution):

- Facilities* *Custodial* *Transportation* *Nutritional Services* *Technology* *Curriculum & Assessment* *Research*
 Human Resources *Financial Services* *Early Childhood* *Student Services* *Media* *Professional Development* *Other*

Please explain:

Will this grant require any expenses now or in the future by the District, a department or a school? *(Please explain)*

Attachment(s) of grantor’s description of grant purpose, if applicable.

I certify that this information is provided accurately and reflects the planned grant application:

Signature of Project Manager or Grant Writer

Date

I have reviewed this Intent to Apply and agree with the stated intentions:

Signature of Building Principal or Director/Supervisor

Date

Please direct any questions and submit this completed form to Hilary Sontag (sontag_hilary@svvdsd.org, x57331).

| Received Date | Routed Date | Approved – Yes | Approved – No | Applicant Notified |
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