“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@svvsd.org, x57331).*

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<th>Received Date</th>
<th>Routed Date</th>
<th>Approved – Yes</th>
<th>Approved – No</th>
<th>Applicant Notified</th>
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