

GRANT INTENT NOTIFICATION

Date: _____

To be submitted to the Senior Budget Analyst for program grants or the Budget Analyst I for capital grants as early as possible in the planning stage of projects that are potential grant applications, but in no case later than **20** working days prior to any application deadline.

Project Information: *(required)* Submission Deadline: _____

Proposed Project Title: _____

Summary of Proposed Project:

Direct Impact on Department *(e.g. staff, space)*:

Would the grant fully fund the program/project? Yes__ / No__

If not, does the agency require matching funds? Yes__ / No__

If matching funds required, how much? _____

Source of Matching Funds _____

Estimated Project Costs: _____

Project Location: _____

Contact Name/Title: _____

E-mail: _____

Potential Funding Source:

State Federal Private Other

If Federal, CFDA# _____

If known, attach grant program information, eligibility requirements, deadlines, etc.

If continuation of an existing grant, GL Account #: _____

Department Approval:

Signature

Date