



Andy Flinn
Grants Accountant
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303.853.3218

GRANT INTEREST FORM

Applicant Information:

Applicant Name: _____

Phone number: _____ Email Address: _____

Date: _____ Department: _____

Location: _____

Have you confirmed eligibility to apply? (Circle one) YES NO (If "NO", please confirm before submitting)

Purpose and Intent:

Please provide a brief statement describing the purpose and beneficial parties (students, staff, department, etc., attach additional sheets if necessary) _____

How will this grant project advance the achievement of Adams 14's Strategic Plan? _____

Source of funds (list agency: federal, state, local, private): _____

Name of fund: _____

Title of grant from funding agency, if applicable: _____

Contact person and contact information: _____



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Timeframe of project (1-yr, 3-yr, renewable, etc.): _____

Additional Information:

Submission Deadline: _____ Amount requested: _____

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

Will this grant require any actions by any other departments? *(Circle all that apply, if "other" is circled, please indicate department)*

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

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

Name of grant author: _____

Name of program lead: _____

Date: _____

I have reviewed this intent to apply and agree with the stated intentions:

Name of Supervisor: _____

Title: _____

Date: _____

Adams 14, in partnership with the community, will

inspire, educate and empower
every student to succeed in the 21st Century.

