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: ________________________________________________
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
- Technology
- Early Childhood
- Professional Development
- Custodial
- Curriculum Assessment
- Transportation
- Human Resources
- Nutritional Services
- Medial
- Financial Services
- 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: __________________________________________