

Intent to Apply for a Grant

Contact Information

Principal Investigator _____ Date _____

Department/Office _____

Email _____ Phone _____

Participating/Collaborating Partners

Name	Title	Department/Entity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Funding Source, If Identified (Leave blank if none identified yet .)

Funding Agency _____

Funding Type _____ If other, please specify _____

Name of Grant Program _____

Application Due Date (m/d/yy) _____ Project Period: Begin date _____ End date _____

Is this application in response to a published announcement or solicitation? Yes No _____

Announcement URL: _____

Proposed Budget and Fiscal Considerations

Approximate budget request: Year one _____ Total project (all years) _____

Does the agency allow indirect (i.e., administrative) costs? Yes No Indirect amount allowed? _____ %

Does the agency require matching funds? Yes No Source of matching funds? _____

Will additional space be required to conduct this project? Yes No

Will alterations/renovations of facilities be required to conduct this project? Yes No

If yes to either of the above, please describe: _____

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Approved by CBO

Will this grant result in the creation and hiring of new personnel paid through the grant? Yes No

Position Type/Classification	Position Description	Hours/Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

At the end of the funding period, the project will: _____

Additional on-going costs outside the scope of the grant (e.g., after the grant ends) associated with this project: _____

Project Information

Please provide a brief description of the project.

What are the top 3 intended outcomes of the project? What do you hope your project accomplishes by the end of the grant period?

The proposed project clearly aligns to the following SBVC and/or District strategic priorities:

SBVC EMP/Strategic Goals

- Increase access
- Promote student success
- Improve communication, culture, & climate
- Maintain leadership & promote professional development
- Effective evaluation & accountability
- Provide exceptional facilities

SBCCD Strategic Goals

- Student success
- Enrollment & access
- Partnerships of strategic importance
- District operational systems

If there are additional priorities or goals to which the project aligns (e.g., department EMP, CCCCO initiatives), please list them here.

Affirmation of Department/Division Knowledge of Intent to Apply

By my signature below, I attest that my division dean and/or direct supervisor have knowledge of the proposed project and are in support of my intent to seek grant funding for said project.

Principal Investigator Name & Title	Signature	Date
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- Shared with Dean of Research and Planning, Grants staff, and Foundation director
- Intent to apply shared with SBVC Executive Team
- Reviewed by grants committee
- PI notified of committee review and decision
- Notes: