

## 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.

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

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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.

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**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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**For Grants Office Use Only**

- 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: