

## INTENT TO APPLY FOR GRANT FUNDING

### Before Beginning to Write for Grant:

Please complete this Intent to Apply **with a copy of or link to the RFP** to Liz Metzger, Grants Manager, Chico Unified School District, [emetzger@chicousd.org](mailto:emetzger@chicousd.org) or (530) 891-3026 x425. Sections marked with a \* are required. Feel free to contact Liz for help completing the application.

### Before Submitting Grant to Funder:

\*Please forward a **completed** copy of the proposal to Liz Metzger. A completed proposal must be approved and on file with Educational Services before the application will be signed and approved for submission.

### General:

\*School/Service Area: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Grant Writer(s): \_\_\_\_\_

\*Title of Grant: \_\_\_\_\_

\*Agency Providing Grant: \_\_\_\_\_ Type of Grant: State  Federal  Private  Other

\*Amount and Duration of Funding: \$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is grant renewable? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

\*Purpose for which funding will be used: \_\_\_\_\_

\*Does this grant support the district LCAP? \_\_\_\_\_

**If yes**, which LCAP Goal? (Check all that apply)

\_\_1. Provide all students with access to quality teachers, materials and facilities

\_\_2. Fully align curriculum and assessments with California State Content Standards

\_\_3. Support high levels of student achievement in a broad range of courses

\_\_4. Provide opportunities for meaningful parent involvement and input

**If no**, what district need does it address? \_\_\_\_\_

\*Application Deadline: \_\_\_\_\_

Is School Board approval required? \_\_\_\_\_ If so, date of applicable board meeting: \_\_\_\_\_

### Matching Requirements, District Support, and Partners:

Is a match required? \_\_\_\_\_ If so, how will match be obtained? \_\_\_\_\_

How will program components be continued after grant funding has expired? \_\_\_\_\_

Does grant require Chico Unified School District ongoing fiscal support of the program? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Please list any partners beyond the CUSD that will be part of this grant application: \_\_\_\_\_

### Project Management and Reporting/Evaluation:

Who will take primary responsibility for managing the grant-funded program, including meeting grant goals and objectives? \_\_\_\_\_

Who will be responsible for collecting data and reporting on project outcomes? \_\_\_\_\_

### Potential Impacts:

\*Describe how this grant will impact:

\*Existing facilities (including classroom or office space, other) \_\_\_\_\_

\*Existing personnel \_\_\_\_\_ \*Existing programs \_\_\_\_\_

\*Has grant been discussed with everyone who will be impacted by it? \_\_\_\_\_

\*Site/Service Area Administrator's signature: \_\_\_\_\_

**DISTRICT USE ONLY:**

Approval to write: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 8/28/2017*