|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Application Deadline: |  |
| Department: |  |  | Project Name: |  |
| Department Project Manager: |  |  | Contact Extension: |  |
| Funding Agency: |  |  | Grant Program: |  |
| Requested Amount: |  |  | Effective Dates: |  |
| Match:  Match Amount: | 🞏 Cash 🞏 In-kind |  |  |  |
|  |  |  |  |  |
| **Project Description and Goals:** | | | | |
|  | | | | |
| **Outcome Measures:** | | | | |
|  | | | | |
| **Allowable Activities and/or Major Purchases (>$2500):** | | | | |
|  | | | | |
| **Staffing Requirements**: | | | | |
|  | | | | |
| **Reporting Requirements**: | | | | |
|  | | | | |
| **Cash Matching Requirements**: | | | | |
|  | | | | |

|  |  |
| --- | --- |
| Project Justification | |
| Initiative included in strategic plan? | |
| What critical need does the proposed project/program address? | |
| Does the proposed project/program enhance or expand existing services? YES NO . If so, how?  Attach a preliminary budget for the proposed project/program using the budget calculator spreadsheet. | |
|  | |
| Is this a one-time funding request for equipment or a time limited program? YES NO . If not, how will the program be sustained after the funding period ends? If yes, provide a summary of any ongoing costs associated with this proposal. | |
| **Department Director Recommendation**: | **Date** |
| **Finance Recommendation** 🞏 Approved 🞏 Denied | **Date** |
| **Manager’s Office Recommendation** 🞏 Approved 🞏 Denied | **Date** |

Resource Page

Free grant search engines are:

Grants.gov, provides a listing of Federal grant opportunities.

Grants.az.gov, provides a listing of Arizona grant opportunities. To access this search engine, eCivis registration is required.

TheGrantHelpers.com, provides a listing of Federal and nonprofit grants opportunities.

\*Please take note of grant eligibility requirements as well as grant application deadlines.