

County of Fort Bend, Texas Grant Intent to Apply Form

Name of	Grant:						
Purpose	of Grant:						
	ent/Division:						
Point of Contact:			Phone Number:				
Announcement Date:		Commissioners Court:		3	Submission Deadline:		
Pre-Application Considerations:							
1) Financial							
i) Financial Breakdown (First-year applicants, please provide best estimates.)							
	Grant Funding Request:						
	Match		Amount		Source		
	Cash:						
	In-kind:						
	Program Income:						
	Total Project Cost	:					
ii)		I and br	ief description of du		ncreases for multi-year grants, this a first-year application,		
iii)	Operational Needs ((i.e., off	ice space, equipmer	nt, IT ne	eeds, etc.)		

	iv) Grant Financial History (Two-year history if available. Please write N/A for first-year applications.)					
	v) Sustainability Plan (continuation for grant-funded program if grant funding is reduced or terminated)					
2) Progra	mmatic					
i)	Alignment with department/program's plans and priorities					
ii)	Department's capacity to administer the financial and administrative aspects of the grant					
iii)	Prior year performance data and accomplishments (Please write N/A for first-year applications.)					