



County of Fort Bend, Texas

Grant Intent to Apply Form

Name of Grant:		
Purpose of Grant:		
Department/Division:		
Point of Contact:		Phone Number:
Announcement Date:	Commissioners Court:	Submission Deadline:

**Pre-Application Considerations:**

1) Financial

i) Financial Breakdown (First-year applicants, please provide best estimates.)

Grant Funding Request:		
<b>Match</b>	<b>Amount</b>	<b>Source</b>
Cash:		
In-kind:		
Program Income:		
<b>Total Project Cost:</b>		

ii) Staffing Requirements (including salary and benefits increases for multi-year grants, number of personnel and brief description of duties. If this a first-year application, please provide best estimates.)

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iii) Operational Needs (i.e., office space, equipment, IT needs, etc.)

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iv) Grant Financial History (Two-year history if available. Please write N/A for first-year applications.)

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v) Sustainability Plan (continuation for grant-funded program if grant funding is reduced or terminated)

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## 2) Programmatic

i) Alignment with department/program's plans and priorities

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ii) Department's capacity to administer the financial and administrative aspects of the grant

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iii) Prior year performance data and accomplishments (Please write N/A for first-year applications.)

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