|  |  |
| --- | --- |
| Date | Click to enter date |
| Department | Click to select department |
| Department Project Manager |  |
| Contact Extension |  |
| Project Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Application Deadline | Click to enter date | | |
| Funding Agency |  | | |
| Grant Program |  | | |
| Requested Amount |  | | |
| Match Required? | None  Cash  In-Kind | Amount: |  |

|  |
| --- |
| **Project Description and Goals:** |
|  |
| **Outcome Measures:** |
|  |
| **Allowable Activities and/or Major Purchases (>$2500):** |
|  |
| **Staffing Requirements**: |
|  |
| **Reporting Requirements**: |
|  |
| **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?  Click YES  Click NO**  **If so, how?** |
|  |
| **Is this a one-time funding request for equipment or a time limited program?  Click YES  Click NO**  **If no, how will the program be sustained after the funding period ends?**  **If yes, provide a summary of any ongoing costs associated with this proposal.** |
|  |
| **Attach a preliminary budget for the proposed project/program using the budget calculator spreadsheet.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Signature | Date |
| Department Head  Recommendation | Approved  Denied |  | Click to enter date |
| Finance Department  Recommendation | Approved  Denied |  | Click to enter date |
| Town Manager’s Office  Recommendation | Approved  Denied |  | Click to enter date |