|  |  |
| --- | --- |
| 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: |  |

|  |
| --- |
| **Any major changes from the Project/Programs original goals and objectives?** |
|  |
|  |
|  |
| **Any planned Major Purchases (>$2500) during this grant cycle; equipment, etc.:** |
|  |
|  |
|  |
| **Reporting Requirement Changes**  **Click YES  Click NO If Yes, explain** |
|  |
| **Matching Requirement Changes  Click YES  Click NO If Yes, explain** |
|  |
|  |
| **Attach a preliminary budget for this grant cycle 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 |