

INTENT TO FILE GRANT APPLICATION

DISTRICT OFFICE

PHOENIX-TALENT SCHOOL DISTRICT

1. Project Title: _____

2. Contact Person: _____ Phone: _____

3. Funding Agency: _____

4. Due Date for Submitting Application: _____

5. Project Dates (Beginning/Ending Dates): _____

6. List school(s) and/or agencies involved: _____

7. Brief project description:

8. Signatures:

a. Applicant: _____ Date: _____

b. Supervisor: _____ Date: _____

9. Approval (*Applicant: Contact Grant Services for assistance*)

Approved for proposal development

Not approved at this time

Superintendent (or Designee): _____

Date: _____

*The Intent to File form is required **only** for grant applications to external funding sources. Return **all** copies with signatures 8.a. and 8.b. to: the District Office. Signed copies will be returned as follows:*

SIGNED COPY DISTRIBUTION: White: District Office Yellow: Supervisor of Applicant Pink: Applicant (Form 10/98)