

# Grant Funding Search Form

Date:

Name:

Contact:

Proposed Project Name:

Statement of Problem/Need/Gap:

Statement of Solution:

Is this an expansion/enhancement of an existing program or a new program/project?

How does the project/program relate to Mission/Vision/Strategic Plan?

Estimated Timeline for Funding Need:

Suggested Funder (if known):

Funder Special Requirements (check all that apply):

Matching Funds

Admin Cap

Other

Non-personnel costs included (check all that apply):

Equipment (beyond computer, cell phone, etc.)

Direct Client Assistance

Communications/Marketing

Subcontracts

Professional Services

Other

If Other, please describe:

Proposed Project Personnel by Position/Employee:

# and FTE Existing Employees:

# and FTE New Employees:

Office Space Requirement (for New Staff only)

% Remote

% On-site

% In Field

Any additional information pertaining to this project: