



# INTENT TO SUBMIT A GRANT APPLICATION PRESCREENING FORM

Revised August 2024

Per [Policy 4000 - Grants](#), the grant applicant will submit an Intent to Submit a Grant Application Prescreening form to the Superintendent/designee prior to completing a grant application for any amount.

Completion of this intent form fosters connections to HCPSS departments for grants (i.e., Budget, Purchasing, Data Privacy, HR), and ensures alignment with all HCPSS and Board of Education policies. For staff who are unfamiliar with grants management, central office staff are available to assist with the completion of the form. Questions can be directed to HCPSS Grants Administrator, Annette Bartlett (410-313-2518). Completed forms and all additional requested information should be emailed to: [Annette\\_Bartlett@hcpss.org](mailto:Annette_Bartlett@hcpss.org).

## Section 1: Grant Information

Proposed Grant Applicant/Program Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Office: \_\_\_\_\_ Email: \_\_\_\_\_

Proposed Grant Project/Program Name: \_\_\_\_\_

Projected Grant Award Amount: \_\_\_\_\_ Funding Source/Grantor Organization: \_\_\_\_\_

Proposal Due Date: \_\_\_\_\_ Grant Award Start Date: \_\_\_\_\_ Grant Award End Date: \_\_\_\_\_

Check One: New Award \_\_\_\_\_ Continuation (Renewal) Award \_\_\_\_\_ Check One: Federal \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

**Grant Details:** When submitting this intent form, please include a copy of the grant opportunity announcement, application instructions, and all required budget forms or templates. Or, provide the link to the website where this information can be found: \_\_\_\_\_

**Grant Proposal Summary:** Please provide a brief description of how you plan to utilize the grant funds (if awarded), including the activities, programs and/or other opportunities for HCPSS students and/or staff. Please include estimated dollar amounts for funds that would go toward staff salaries, workshop wages, travel, equipment, supplies and/or contracts with third-party vendors or organizations.

### Check all that apply:

\_\_\_\_\_ Applicant has viewed: *Phase 1: Prescreening the Grant*, (5-min training in Canvas: <https://hcpss.instructure.com/courses/100128>)

\_\_\_\_\_ Proposal will require a commitment of HCPSS resources, i.e., in-kind services, matching funds (*if checked complete Section 2*)

\_\_\_\_\_ Proposal will include budgeted funds for salaried positions, substitute wages, workshop wages, purchase of instructional resources, technological devices or equipment, and/or an external evaluator (*if checked complete Section 3*)

\_\_\_\_\_ Proposal will require an evaluation component and/or reporting obligations

\_\_\_\_\_ Proposal will require sharing of student information or images, and/or the collection of student-level data

\_\_\_\_\_ Funding request is \$100,000 or more (if yes, then Board of Education approval will be required to accept funds, if awarded)

To see if Indirect Costs apply, consult with Annette Bartlett, Grants Administrator, [Annette\\_Bartlett@hcpss.org](mailto:Annette_Bartlett@hcpss.org) or 410-313-2518.

## Section 2: Commitments (Matching Funds, In-Kind Services)

If acceptance of the grant would commit HCPSS to providing funds or services, then these resources will need to be included in HCPSS's current or future fiscal plans.

Matching Funds: Required HCPSS Match: \_\_\_\_\_ Funding Source: Operating Fund \_\_\_\_\_ Capital Fund \_\_\_\_\_

Program Number (4 digits) \_\_\_\_\_ Program Name: \_\_\_\_\_

Spend Category: Salaries \_\_\_\_\_ Contracts \_\_\_\_\_ Expenses \_\_\_\_\_ Other \_\_\_\_\_

### In-Kind Services

Describe required in-kind services:

If award would impact staff time, please describe the impact:

### **Section 3: New Staff Positions, Other Staffing Changes, Wages, Instructional Resources, Technological Devices, and/or External Evaluator) if applicable**

If acceptance of the grant would commit HCPSS to providing new or additional positions, these will need to be included in our current or future fiscal plans. If a portion of grant funds will be used for workshop wages, please describe below.

**Position 1:** Program Number (4 digits) \_\_\_\_\_ Position Title \_\_\_\_\_ Projected Cost \_\_\_\_\_

**Position 2:** Program Number (4 digits) \_\_\_\_\_ Position Title \_\_\_\_\_ Projected Cost \_\_\_\_\_

Describe any additional staffing impacts and/or plans for workshop wages. Please also describe any plans to purchase instructional resources (materials, curricula, textbooks, etc.), any technological devices or software, and/or plans to utilize an external evaluator (*if more space is needed, additional information can be attached to this form*):

### **Section 4: School/Program/Office Assurances and Supervisor Approval**

I am giving my assurance that I understand and agree to comply with all of the reporting and other requirements of this grant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Person Completing this Form** (*typed name constitutes digital signature*)

#### **For School-based Grant Proposals:**

As the principal of the school applying for this grant, I am giving my assurance that I have reviewed this form:

\_\_\_\_\_  
**Principal's Signature** (*typed name constitutes digital signature*)

Please provide the name and email contact for the Principal's Secretary/School Bookkeeper: \_\_\_\_\_

#### **For Central Office-based Grant Proposals:**

As the director/supervisor of the team applying for this grant, I am giving my assurance that I have reviewed this form:

\_\_\_\_\_  
**Supervisor's Signature** (*typed name constitutes digital signature*)

### **Section 5: Central Office Approvals** (*this section to be completed by HCPSS Grants Administrator only*)

Please allow up to two weeks for a completed form to be reviewed and returned. For questions about this form, please contact Annette Bartlett, HCPSS Grants Administrator, at: [Annette.Bartlett@hcpss.org](mailto:Annette.Bartlett@hcpss.org) or (410) 313-2518.

#### **Disposition Status:**

Approved to move forward with grant application: \_\_\_\_\_ Approved with Conditions: \_\_\_\_\_ Denied/Not Approved: \_\_\_\_\_

Comments from HCPSS Central Office:

### **Notification of Grant Award** (*reminder of protocol once a grant award is made*)

Please notify the HCPSS Grants Administrator ([Annette.Bartlett@hcpss.org](mailto:Annette.Bartlett@hcpss.org)) if/when any grant is awarded, and provide the grant award notification letter, NOGA or other documents relevant to the grant award. HCPSS Grants Administrator will work together with the Grant Manager and HCPSS central office leadership to formally accept and establish the grant award, per [Policy 4000 – Grants](#).