1300 Fifth Street, Wenatchee, WA 98801



509.682.6436 ~ Fax: 509.682.6501 ~ www.wvc.edu

Date: *Notice of Intent*

Name of grant/project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Initiator: Program/Division:

Grant start and end dates Amount of grant:

Potential funding agency/names of partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal due date, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly explain the need or problem that will be addressed by this project. What kind of evidence is available to document the need?

Description of project: What solution are you proposing? (Summarize outcomes/objectives, activities, etc.)

Describe how this project supports WVC’s strategic priorities and/or current institutional initiatives.

What resources do you anticipate needing to support this project? (Please check all that apply)

Departmental budget  Additional college funds  Staff resources from your department

Staff resources from another department (community relations, technology, grants office, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New positions to be created  Facilities (classroom/office space)  Technology/Equipment

Will program approval from SBCTC be required?  Yes  No

Will new course outlines need to be approved through WVC’s process?  Yes  No

Dean/Administrator: Date:

Comments:

3/31/16