GRANTS CHECKLIST

Discussion of Need/Capacity/Commitment:

Collaborating Agencies: _____

_____

_____

Grants Team:

Name	Telephone Number

Activity	Person Responsible
Research/data collection	

Activity	Person Responsible
Introduction	

Activity	Person Responsible
Problem statement (need, target group, previous activities, approach and benefits)	

Activity	Person Responsible
Plan of operation (purpose, outcomes, objectives, activity, timeline, plan for administration)	_____
	_____
	_____

Activity	Person Responsible
Evaluation (effectiveness)	_____
	_____
	_____

Activity	Person Responsible
Budget and cost effectiveness/budget detail (back-up)	_____
	_____
	_____

Activity	Person Responsible
Personnel (time commitment and qualifications)	_____
	_____
	_____

Activity	Person Responsible
Adequacy of Resources	_____
	_____
	_____

Activity	Person Responsible
Commitment/capacity (available resources, match, continuation)	_____
	_____
	_____

Activity	Person Responsible
Merit of Proposal (model worthy of replication)	_____
	_____
	_____

Activity	Person Responsible
Graphics	_____
	_____
	_____

Activity	Person Responsible
Abstract	_____
	_____
	_____

Activity	Person Responsible
Appendix	
-Vita	_____
-Letters of support	_____
-Data collection summaries	_____
-Additional graphics	_____
-EEO statement	_____

Activity	Person Responsible
Form 424 -- (Application for Federal assistance)	_____