

Date: _____

Writer: _____

GRANT PLANNING WORKSHEET

I
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PROBLEM (Your assessment of the need or problem -- describe fully and include supporting data)

AFFECTS/SERVES (Check as many customer types as applicable.)

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Male _____

Female _____

African American _____

Hispanic _____

Native American _____

Drop-out prevention _____

Grades _____

Vocational Areas _____

Handicapped (specify) _____

ESOL _____

Economic Level _____

Other specific groups: _____

GEOGRAPHICAL AREAS IMPACTED (Check or describe where applicable.)

I
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P
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School _____

Schools _____

City _____

County _____

Region _____

State _____

National _____

International _____

Other _____

PRELIMINARY PROJECT TITLE (Emphasize "solved problems.")

A
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SOLUTION SUGGESTED (Describe the program, with special emphasis on methods.)

ESTIMATED LENGTH OF PROJECT _____ **Years/Months**

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LONG-TERM BENEFITS TO SOCIETY (Goals)

(What will project impact be one year after project completion? After 5 years? After 10 years?)

MAJOR POSSIBLE PROBLEMS WITH PROJECT

1. _____
2. _____
3. _____
4. _____

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OBJECTIVES - List specific outputs you will achieve. Give evaluation measurements and target dates.

Objective	Evaluation Measure	Target Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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ACTIVITIES - List specific activities selected to achieve objectives.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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PERSONNEL NEEDED TO IMPLEMENT SOLUTION (Estimate. Some may be used as in-kind support)

Job Title	% of Time to Project	Annual Salary
1. Project Director	_____	_____
2. Clerical	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Total Salary Cost		_____
Fringe Benefits		_____
Insurance		_____
TOTAL ANNUAL PERSONNEL COSTS		_____

BUDGET
RESOURCES NEEDED TO IMPLEMENT SOLUTION

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Category	Cost/item	#	Total \$
1. TRAVEL (indicate who and where)			
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____
Total			\$ _____
2. EQUIPMENT			
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____
Total			\$ _____
3. SUPPLIES			
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____
Total			\$ _____
3. CONTRACTUAL			
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____
Total			\$ _____
3. OTHER			
a. _____	_____	_____	\$ _____
b. _____	_____	_____	\$ _____
c. _____	_____	_____	\$ _____
d. _____	_____	_____	\$ _____
Total			\$ _____
SUMMARY	PERSONNEL		\$ _____
	FRINGE		\$ _____
	TRAVEL		\$ _____
	EQUIPMENT		\$ _____
	SUPPLIES		\$ _____
	CONTRACTUAL		\$ _____
	OTHER		\$ _____
	GRAND TOTAL		\$ _____