1300 Fifth Street, Wenatchee, WA 98801



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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