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| **LOUISIANA DEPARTMENT OF ENERGY AND NATURAL RESOURCES**  **INTENT TO APPLY FORM** | |
| Company Name: | Date Form Completed: |
| Supervisor: | Project Manager: |
| Email: | Telephone: |
| Project Title: | Funding Source: |
| Amount Requested: | Grant Submission Deadline: |
| Project Start Date: | Project End Date: |
| Project Description: | |
| Target Population: | |
| Potential Impact on Target Population: | |
| Name of person responsible for funding source reporting requirements: | |
| Funding Source Reporting Requirements: | |
| # of Staff Who Will Participate: | Will grant require staff to be pulled away from their primary duties?  Yes  No |
| Will staff training be provided?  Yes  No | Are training costs included in budget?  Yes  No |
| Does the grant include technology?  Yes  No | If so, has the IT been notified?  Yes  No |
| Does the grant require office space?  Yes  No | If so, has Office Manager been notified?Yes  No |

**Intent to Apply: APPROVED  DENIED**

Signature Date

Signature Date