

Name of Grant Writer:			
Date of Initial Scoping Meeting:			
Date(s) of Follow-Up Scoping Meetings			
Type of Grant		1	
□ New □ Cooperative Agreement	□ Construction	□ Non-Construction	
☐ Continuation (Indicate previous grant name a	nd project period here).		
Application Deadline:			
Action	Pa	roon Poononcible	Data of

Action	Person Responsible	Date of
	Name and Department	Completion
Complete Pre-Approval Form		
Tribal Resolution		
Needs Assessment		
Abstract		
Narrative		
Project Description		
2. Results or Benefits Expected		
3. Approach		-
4. Evaluation		-
5. Additional Information		
Staff and Position Data – Job Descriptions or		
Biographical Sketches		
Budget Meeting (A budget meeting will be held between		
the Grant Writer, Grant Requestor, Person Responsible		
for Grant Implementation and CFO/Financial		
Accountant		
Letters of Support		
Cooperative Agreements (MOU's, MOA's)		
Certifications and Assurances		
Assurances-Non-Construction		
Assurances-Construction		
Certification-Debarment and Suspension		
Certification-Drug Free Workplace		
Certification-Lobbying		
Certification-Program Fraud Civil Remedies		
Certification-Environmental Tobacco Smoke		
Disclosure of Lobbying		
SF-424		
Complete Final Approval Form		
Obtain All Required Signatures		
Submit Application		