



**Office of Corporate and  
Foundation Development**  
3601 Pacific Avenue  
Stockton, CA 95211  
Phone: (209) 946-2166  
Fax: (209) 946-2696

**For Development Use Only**

Date Received	
Date Responded	

**Intent to Apply**

Please submit this form to the Office of Development 15 working days before the deadline.

**Applicant (School/Department) Information**

Program Contact (person applying for grant): \_\_\_\_\_

School/Department: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program Information**

**Please select one of the following options:**     New Funding     Continuation of Funding

Name of Grant: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maximum Funding Amount: \_\_\_\_\_ Anticipated Budget Request: \_\_\_\_\_

Match Requirement (if any): \_\_\_\_\_ Total Cost of Program: \_\_\_\_\_

Other partners in application: \_\_\_\_\_

Application Deadline: \_\_\_\_\_

**Signatures**

I certify that the information provided accurately represents the proposed project.

I certify that I have reviewed the Intent to Apply Form and agree with the proposed submission.

\_\_\_\_\_  
Program Contact

\_\_\_\_\_  
Supervisor

**For Development Use Only:**

Proceed with proposal development     Do not proceed with proposal development

Reason(s) \_\_\_\_\_

\_\_\_\_\_  
Director, Corporate and Foundation Development Signature

\_\_\_\_\_  
Associate Vice President of Development Signature