Grant Application Scoping Meeting Form

(This form is to be used to organize the grant application development)

Grant Requestor (TTT Department):	
Grant Project Manager (Person Responsible):	
Funding Opportunity Title:	
Funding Opportunity Number (FON):	
Application Due Date:	
Date of Scoping Meeting:	

Application Check List

Action	Person Responsible	Completion Date

Persons Attending:		
Submission to Grants & Self Governance Due Date: *(Must be at least 7 days before Application Due Date)*		
Person Responsible for the application:	_____ Name	_____ TTT Department

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For GSG application submission	
Date Submitted:	
Amount Requested:	
Notes:	