****  **CAPCOG SHSP Grant Worksheet 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ] Yes  | [ ] No |
| *Project Name* |  | *Grant Number* | *LETPA* |
| Click or tap here to enter text. | Click or tap here to enter text. |
| *Item to be acquired* |  |  | *Grant Cost* |
| Click or tap here to enter text. |
| *Summary of purpose* |  |  |  |
| *(explanation for review committees)* |  |  |
| Click or tap here to enter text. |
| *Summary of need* |  |  |  |
| [ ] Yes  | [ ] No | Click or tap here to enter text. |
| *Sustainment of a regional capability?* | *What regional capability?* |  |
| Click or tap here to enter text. |
| *How does this project meet regional needs?* |  |  |
| [ ] Yes  | [ ] No |  |  |
| *Continuation of previous a grant?* |  |  |
| [ ] Yes  | [ ] No |  |  |
| *If the grant had to be reduced does your request scale?* |  |  |
| Click or tap here to enter text. |
| *If it can be scaled what changes can be made?* |
| Click or tap here to enter text. |
| *Any additional information you wish to convey to the reviewers.* |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| *Jurisdiction* |  | *Agency* |  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| *Technical Contact* |  | *Phone* |  |
|  |  | Click or tap here to enter text. |
|  |  | *email* |  |

CAPCOG notes below this line (please do not fill in below line)

Sub Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tier \_\_I\_\_\_II\_\_\_\_III Regional \_\_\_\_\_ Sustainment \_\_\_\_\_\_ Meets need (list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meets group 1 \_\_\_\_\_\_\_ Meets group 2 \_\_\_\_\_\_\_\_ Meets group 3 \_\_\_\_\_\_\_ Meets group 4 \_\_\_\_\_\_\_\_\_\_

Notes: