



For Office Use Only
Grant Number: _____
Date Received: _____
Required Signature: _____

## Grants Work Intake Form

### **Contact Information**

Name of Organization:

Point of Contact:

Phone Number(s):           (Office)                           (Cell)

Street Address:

E-mail Address:

### **Narrative/Purpose for Grants Work Request to Research Funding:**

### **Electronic Authorization**

I (Point of Contact Name here), authorize the Salt Lake County Grants Office to begin grants work research on behalf of, (Name of organization here), on this date, (today's date here).

### Disclosure Statement

The office may provide grants work research for eligible applicant organizations within Salt Lake County.

Grants work research may not result in producing a successful search due to circumstances beyond the control of this office.

Applicants must complete the requested information noted above and return the request electronically to note authorization to begin the request on behalf of the organization.

For additional information please contact Shaleane Gee at 385.468.7033, or by e-mail [sgee@slco.org](mailto:sgee@slco.org).