

**City of Brownsville
Office of Grant Management**

PHONE: (956)548-6167 FAX: (956)548-6161
www.grantmanagment.cob.us

Received by OGM on: _____

Grant Consultation Form

Please print legibly and/or complete electronically. In order to ensure appropriate City of Brownsville (COB) officials are advised, have sufficient time to consider this request, and our department has sufficient time to provide you with optimal service, all departments/divisions must submit this form to the Office of Grant Management (OGM) **no less than three weeks** prior to collaboration deadline.

Department / Division:			
Official Point (s) of Contact and Contact Information:	Name) _____	Name) _____	
	Phone) _____	Phone) _____	
	Email) _____	Email) _____	
Opportunity Title:			
Agency:		Funding Number:	
Proposed Project Description:			
Similar Projects / Grants: (Agency / Year)			
Possible Challenges:	1.		
	2.		
	3.		
Preferred Collaboration: (Check all that apply)	<u>Pre-Application/Application Period:</u> <input type="checkbox"/> Research <input type="checkbox"/> Facilitate Partnerships <input type="checkbox"/> Serve as <i>•POC / AOR / PI</i> <input type="checkbox"/> Write <input type="checkbox"/> Submit	<u>Award/Contract Period:</u> <input type="checkbox"/> Serve as <i>•POC / AOR / PI</i> <input type="checkbox"/> Manage <input type="checkbox"/> Report <input type="checkbox"/> Close Out	<u>Post-Contract Period:</u> <input type="checkbox"/> Serve as <i>•POC / AOR / PI</i> <i>•Point of Contact / Authorized Organization Representative / Principle Investigator</i>
	Meeting Availability: (Date / Time)		