



Investment Intake | *Investment Details Form*

Investment Details | In order for the Grants QSMO to determine whether your investment requires our review, please complete this form to GrantsQSMO@hhs.gov. After submission, you will be notified by the Grants QSMO within 5 business days to discuss next steps.

Name of Agency or Shared Service Provider

Contact Information for questions related to *Investment Details Form*

Contact Information for Investment/Project Owner

Investment/Project Type

Please select all that apply:

- Shared Services Adoption
- Operations and Maintenance (O&M)
- Development, Modernization, & Enhancement (DME)
- Acquisition
- Other (please specify) _____

Name of existing solution that might be affected (modernized or replaced)

Estimated Investment Dollar Amount (for the entire lifecycle of the investment)

Fiscal Year of project execution

Funding Source

Please select all that apply:

- Agency appropriations
- Working capital funds
- Nonrecurring Expenses Fund (NEF)
- Service and Supply Fund (SSF)
- Other (please specify) _____

Please state whether your agency plans to request Technology Modernization Funds (TMF) to address a grants IT requirement.

Brief Description of Scope (including, but not limited to, grants lifecycle phase*, name of sub-tier agencies affected, etc.):

* *Federal Business Lifecycle for Grants Management* defined [here](#).

If you need additional space to respond in full to any of the questions listed above, please use the text box below and specify to which question you are responding.