

GRANT APPLICATION / PROPOSAL PROCESSING FORM

This form must be completed and approved prior to formal application to funding agency.

Section 1: General Information

Official Grant Title _____

Grant Start Date: _____ Grant End Date: _____

Grant Amount: _____ Application/Proposal Deadline: _____

Grant Type: Competitive (award on the basis of competitions among eligible grantees)
 Entitlement (a set of money or an amount determined under a formula grant)
 Continuation (continued funding for existing grant from funding agency)
Other _____

Funding Source: Federal State Foundation Corporate

Funding Agency: _____

Funding Agency Grant Program: _____

Funding Agency Contact: _____ Phone Number: _____

PRC Department Grant Contact: _____

Does this grant require matching funds? YES NO

If YES, Amount of Matching Funds: _____

Has this grant funding gone through the budget process YES NO

If NO, will this Grant Require a budget amendment YES NO

Section 2: Grant Description

Briefly summarize the overall purpose/objective of the grant and indicate how this grant will contribute to the needs and goals of the County. (Not Grant Activities)

Section 3: Grant Activity Description

Briefly list grant program activities (what is going to be done with the grant funds):

Please provide a brief explanation of pertinent budget items that will be funded through this grant. *(Indicate if funds will be used for new/old staff positions, contracted services, travel, materials/supplies, equipment/furniture, facilities, and other applicable items.)*

How will the grant activities be continued after the end of the grant period?

Section 4: Grant Application Review / Approval

*** Your signature indicates a full understanding of the program information provided and intent to implement the project according to all program guidelines, assurances and certifications.*

Signature:

1. Department Head: _____

Date: _____

2. Clerk & Recorder: _____

Date: _____

3. County Commissioner: _____

Date: _____

4. County Commissioner: _____

Date: _____

5. County Commissioner: _____

Date: _____

GRANT AWARD PROCESSING FORM

This form is to be completed at the time the grant is officially awarded.

Please attach the official grant award. Please attach a copy of the grant application/ proposal processing form. If you approve this grant award, sign the form. Please return to the Clerk & Recorder for copying and record retention. The grant will then be returned to the department Contact for submission to the funding agency.

Section 1: General Information

Grant Program: _____ Grant Title: _____

Current Date: _____ Filing Deadline: _____

Dept Contact: _____ Phone/Ext: _____

Section 2: Grant Description *(Briefly summarize the overall purpose of the grant)*

Section 3: Notes

Award Amount: _____ Other: _____

Grant Period: _____

Match: _____

Section 4: Grant Award Review/Approval *(Signature is required on the official award by the, County Commissioner Chair and where applicable, by the County Attorney. All others should sign only this processing form.)*

Signature

Date

Department Head _____

Clerk & Recorder _____

Commissioner Chair _____
