

Request to Apply for a Grant

IMPORTANT: This form MUST be provided to the Grant Oversight Committee PRIOR to submitting a Grant Application.

To: Ms. Christine Cid, Council Grant Oversight Committee – **copy to: jeanannficker@att.net**

From: _____ Department: _____

Email: _____ Phone: _____ Date: _____

Grant Project Name: _____

Grant Application Deadline Date: _____ (mm/dd/yy)

Grant Application is for (check one): New Grant Renewal of Existing Grant-funded Program

If Grant Application is for Renewal of an existing grant, please check responses below:

Is the grant-funded program included in the Department's approved budget?	Yes	No
Does the renewal increase County/Department matching funds or responsibilities?	Yes	No
Does the grant giving agency require the County Council to approve the application?	Yes	No

For ALL Grant Applications, please provide responses requested below:

Grant Program Name: _____

Grant-Giving Agency/Department: _____

Does the grant application also include Grant Agreement acceptance provisions? Yes No

Will the grant-funded project require local cost-share or matching funds? Yes No
If yes, what percentage cost-share or match is required? %

Is this grant program funded by the Federal Government? Yes No

If yes, provide the following:

Federal Department/Agency providing grant funds: _____

Briefly describe how the grant funds will be used

Grant Project Budget Details (enter amounts in chart below; do not write, "See attached")

Budget Categories	Grant Request	Matching Resources, if required		Total
		Cash	In-Kind/Donated	
Salaries & Wages				
Employee Benefits				
Travel/Mileage				
Supplies				
Equipment				
Construction				
Other				
TOTAL				

Grant Payment Method: Reimbursement Advance Other

County Fund Number(s) for Match or Start-up/Seed money: _____

Est. Project Start Date: _____ **Est. Project End Date:** _____