

## NOTIFICATION OF GRANT APPLICATION

This form **MUST** accompany the original grant application that is submitted to the County Administrator for approval. The purpose of this form is to notify Human Resources, Budget and the County Administrator of a new grant award or grant renewal, including grant funded positions.

DEPARTMENT: _____ DATE: _____
CONTACT PERSON: _____ EXT. _____
CHECK ALL THAT APPLY: <input type="checkbox"/> NEW GRANT <input type="checkbox"/> GRANT RENEWAL <input type="checkbox"/> NEW GRANT POSITION <input type="checkbox"/> GRANT AMENDMENT <input type="checkbox"/> OTHER (specify) _____

GRANT NAME: _____
GRANT SOURCE: _____ <small>(federal, state, agency, etc.)</small>
GRANT PERIOD: _____
HOW WILL THE GRANT BE PAID TO THE UG?: <input type="checkbox"/> Lump sum when grant starts <input type="checkbox"/> Quarterly <input type="checkbox"/> Reimbursement to UG after expenses have been processed <input type="checkbox"/> Other (specify) _____
IF MATCHING FUNDS ARE REQUIRED: MATCH AMOUNT \$ _____
SOURCE OF MATCHING FUNDS AND ACCOUNT #: _____

**NOTE:** IF THE GRANT INCLUDES NEW POSITIONS, COMPLETE AND ATTACH THE *REQUEST TO CREATE NEW POSITION FORM*.

**FORMAL APPROVAL OF GRANT, INCLUDING NEW POSITIONS:** *Please attach a copy of the grant budget and the Commission approval to apply for the grant. **If these are not attached, this request will not be processed.***

FORWARD COMPLETED FORM(S) to the BUDGET OFFICE

REVIEWED BY BUDGET: _____ DATE: _____
COMMENTS:

REVIEWED BY THE COUNTY ADMINISTRATOR: _____
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