

Grant Name:

Grant Number:

Amount of Grant:

Department Receiving Grant:

Contact Person:

Phone Number:

1. How long is the grant for?

Starting Date:

2. Does the grant requires you to fund this position after the grant is over? Yes No

3. Does the grant requires a match? Yes No

If yes, does the grant allow the match to be In Kind Services? Yes No

4. Percentage of match?

5. Grant match amount required?

6. Where are the matching funds coming from?
(e.g. In Kind Services, Reserve for Contingency)

7. Does the grant cover capital cost or start-up cost? Yes No N/A

If not, how much do you think will be needed in capital cost or start-up cost?

(Attach a detail listing of cost)

8. Are you adding any additional positions utilizing the grant funds? Yes No

Acct.	Description	Position	Position	Position	Position	Position
011.12	Regular Salaries	N/A	N/A	N/A	N/A	N/A
011.13	Other Salaries and Wages (PT)	N/A	N/A	N/A	N/A	N/A
012.11	Social Security	N/A	N/A	N/A	N/A	N/A
012.12	Retirement Contributions	N/A	N/A	N/A	N/A	N/A
012.13	Insurance- Life & Health	N/A	N/A	N/A	N/A	N/A
012.14	Worker's Compesation	N/A	N/A	N/A	N/A	N/A
012.17	S/Sec. Medicare Matching	N/A	N/A	N/A	N/A	N/A
	TOTAL	N/A	N/A	N/A	N/A	N/A

9. What is the total cost of each position including benefits, capital, start up, auto expense, travel, and operating?

Salary and Benefits	Operating Costs	Capital	Total Cost
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

10. What is the estimated cost of the grant to the county over five years?

	Grant Amount	Other Match Cost	Match	Total
First Year	N/A	N/A	N/A	N/A
Second Year	N/A	N/A	N/A	N/A
Third Year	N/A	N/A	N/A	N/A
Forth Year	N/A	N/A	N/A	N/A
Fifth Year	N/A	N/A	N/A	N/A

Signature of Preparer:

Date: