

HERTFORD COUNTY GRANT REQUIREMENTS

1. Accounting Requirements – Special funds, accounts, single audit, etc:

2. Recurring grant funding or continuance of program after grant funding ends:

3. Matching, reimbursement and drawdown requirements:

4. Reporting and documents requested requirements:

5. Staff as well as administration needed to oversee the success of this grant:

6. Any budgetary constraints or required certifications:

7. Any assets (\$5000 or more) or purchasing restrictions:

8. Insurance requirements:

9. Equal Employment Opportunity Commission and Affirmative Action issues:

GRANT INFORMATION FORM
Upon Approval

Financial Assistance Title/Grantor Name: _____

Grantor (State or Federal agency, private foundation etc): _____

Grantor Contact Person: _____

Grantor Phone Number: _____

Requested: \$ _____

Covered: _____

1. Does the assistance include Federal funds (funds from State may originate from a Federal agency)? YES NO
If yes, list CFDA number (should be provided in information received from grantor) _____
2. Does the grant period extend over more than one fiscal year? YES NO
If yes, list period: _____
3. Are you planning to request funds each year? YES NO
If yes, please indicate fiscal years: _____
4. Is this a reimbursement grant? YES NO
5. What are the reporting requirements? Monthly
 Quarterly
 Semi-Annually
 At End of Grant
6. Who prepare reports? _____
7. Is there a matching requirement for the County? If so, please explain: _____
 Amount: \$ _____ Time Frame _____
8. What, if any, long term commitments for the County are involved if we accept the grant funds, i.e. program continuation after grant funding ceases?

9. List any laws, acts, or regulations specifying performance requirements of the County.

10. How will these funds address program needs within your dept/div?

11. Have you previously requested funding for this need either through the budget or grant funding? If so, when, and how much?
