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:
______________________________________________________________________________________
______________________________________________________________________________________

______________________________________________________________________________________
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?
    _____________________________________________