



Pre-Grant Application Form

Department:		
Grant Title:	Starting Date:	
	Ending Date:	
Grant Source: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other:		
Grant Total:	County Share:	Other:
<u>Reporting Requirements:</u>		
<u>Grant Description/Purpose:</u>		

Grant Match Information:

Percentage of Grant Match (if applicable): County: Grant: Other:

Percentage of Grant designated for Administration (especially for pass-through grants of which the County is the sponsor or administrative agent:

If other, please indicate:

Proposed Source of County Funding for Grant match:



General Fund Revenue R & B Fund Revenue EMS Fund Revenue
Human Services Fund Other

If other, please indicate:

Submission/Review/Approval or Denial:

Department Head / Elected Official: _____	Date: _____
County Administrator: _____	Date: _____
Comments: _____ _____	
Human Resources Director (if applicable) _____	Date: _____
Comments: _____ _____	
Board of County Commissioners, Chair: _____	Date: _____
Approve <input type="checkbox"/>	Deny <input type="checkbox"/>