

GRANT AWARD PROCESSING FORM

Please review the attached grant award. If you approve this grant award, **sign** the form and other forms as indicated **with witness signatures, if applicable**, in **sufficient time to meet the deadline date indicated below**.

If you have questions regarding this grant, please contact the Senior Budget Analyst at Ext. 2404 or the Department contact listed below to address those issues in a timely fashion. After your questions have been satisfactorily addressed, your signature is required for the agreement to be forwarded for the next signature, final approval, and submission to the funding agency.

Upon final approval, the award will automatically be forwarded to the originating Department for submission to the funding agency and record retention.

Section 1: General Information

Grant Program: _____	Grant Title: _____
Current Date: _____	Filing Deadline: _____
Dept Contact: _____	Phone/Ext: _____

Section 2: Grant Description *(Briefly summarize the overall purpose of the grant)*

Section 3: Notes

Award Amount: _____	Other: _____
Grant Period: _____	_____
Match: _____	_____

Section 4: Grant Award Review/Approval *(Signature is required on the award by the President, County Commissioners and where applicable, by the County Attorney. All others should sign only this processing form.)*

	Signature	Date
Department Head	_____	_____
Senior Budget Analyst/Budget Analyst I	_____	_____
Chief of Budget	_____	_____
Director of Fiscal and Admin. Services	_____	_____
County Attorney	_____	_____
County Administrator	_____	_____
President, County Commissioners	_____	_____