

SUBRECIPIENT AGREEMENT PROCESSING FORM

Please review and process for signature the attached grant related subrecipient agreement.

If you have questions regarding the proposed program/project, 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 and final approval..

Section 1: General Information		Start Date: _____
Deadline: _____ Subrecipient award amount: _____ Federal or State Funding Source: _____ If Federal Grant, CFDA#: _____ Funding Agency: _____ Funding Agency Grant Program: _____ Funding Agency Contact: _____ Phone Number/Ext: _____	End Date: _____ Passed through state? YES NO <small>Federal Funds, Current Registration System for Awards Management (www.sam.gov)</small> YES NO Exclusions? YES NO Risk Assessment Completed? YES NO CC Gov. Department: _____ CCG Dept. Contact: _____ Phone Number/Ext: _____	

Section 2: Description	Subrecipient Organization: _____

Section 3: Review / Approval			
	Signature:	Required On:	
1. Department Head	_____	Sign-off Sheet	Date: _____
2. Partner Agency	_____	Sign-off Sheet	Date: _____
	<i>(if applicable)</i>	Assurances	
3. Senior Budget Analyst or Budget Analyst I	_____	Sign-off Sheet	Date: _____
4. Chief of Budget	_____	Sign-off Sheet	Date: _____
5. Director of Fiscal and Administrative Services	_____	Sign-off Sheet	Date: _____
6. County Attorney	_____	Sign-off Sheet	Date: _____
		Assurances	
7. County Administrator	_____	Sign-off Sheet	Date: _____
8. President	_____	Sign-off Sheet	Date: _____
County Commissioners	_____	Assurances	Date: _____