

INTERNAL USE ONLY

Date Approved: _____



Handwritten signature/initials

**BUDGET AND FISCAL POLICY DEPARTMENT
GRANTS ADMINISTRATION DIVISION**

GRANT APPLICATION SUBMISSION APPROVAL FORM

DEPARTMENT INFORMATION	
Date:	
Requesting Department/Division:	
Department/Division Contact:	
Anticipated Commissioners Court Meeting Grant Approval Date:	
Who from your department/division will speak on the agenda item?	
Please list accompanying grant documents requiring the Authorized Official's signature.	
GRANT OPPORTUNITY INFORMATION	
Grant Opportunity Title (as provided by Grantor):	
Grantor Agency:	
Type of Grant:	
Is this a renewal grant?	
CobbleStone Number for Most Recent Grant Award:	
Grant Announcement Date:	
Grant Due Date:	
Grant Period:	
Grant Proposal Summary (one paragraph or less):	

GRANT FINANCES	
A. Grant Funding to be Requested:	
B. Total Match Contribution (if applicable):	
I. Cash Match Amount and Description (i.e. County employee salaries, anticipated operating expenses, third-party monetary donations, etc.):	
a. Match Source Account(s) (if applicable):	
b. What fiscal year(s) will County match funding be needed in?	
II. In-kind Match Amount and Description (i.e. donated supplies/equipment, volunteer hours, donated professional services, etc.):	
C. Anticipated Program Income (if applicable):	
D. Total Project Amount (A + B + C):	
FINANCIAL ASSESSMENT	
1) What are the staffing requirements or needs for this grant? Please include salary and benefit amounts and anticipated salary and benefit increases for multi-year grants.	
2) What are the operational needs that will be requested through the grant (i.e. supplies, equipment, office space, travel, etc.)?	
3) Has this grant has been awarded in the past? If so, please provide the financial results of the most recently completed grant award cycle to include the award amount and the balance at the closing of the grant.	

4) What is the sustainability plan for this grant and the services being provided if this funding is significantly reduced or is not awarded in future?
PROGRAMMATIC ASSESSMENT
1) Is this grant and its purpose(s) aligned with the County strategic plan? How will this grant benefit your department/division and communities in El Paso County?
2) Please explain the capacity of your department/division to administer this grant and complete all programmatic reporting requirements during the grant period.
3) Will this grant require the use of contractual services? <i>If so, please contact the Purchasing Department, upon award acceptance to ensure your department is in compliance with applicable procurement policies and procedures.</i>