

GRANT INFORMATION RECORD

Title of Grant Project _____

Grantor Agency _____ Grant I.D. Number _____

Grant Objectives _____

Contract Period: From _____ To _____

Fiscal Data:

Personnel \$ _____ (Attach a detail position listing)

Services/Supplies \$ _____

Equipment \$ _____

Indirect \$ _____

Other Charges \$ _____

Total Program \$ _____

Funding Source:

Federal \$ _____

State \$ _____

County:

Hard Match \$ _____

Soft Match \$ _____

Total Funding \$ _____

Organization Key (Fund number) _____

Federal Catalog Number if any part of funds are Federal _____

Method of Payment _____ Reimbursement _____ Advance
(check one)

If grant is advanced, is there a requirement for interest earnings? Yes / No

County Department _____

County Contact _____

Date _____

Reviewed by Department of Finance

By _____

Date _____