

Department Request to Apply for a Grant

This form **MUST** be provided to the Grant Oversight Committee **PRIOR** to submitting a grant application.

TO: **Lake County Council Grant Oversight Committee**

FROM: _____

DATE: _____

Grant Application Deadline Date: _____

Is this a Federal Grant?

Grant Program Name: _____ **Yes** **No**

If Federal Grant, Provide (a) Dept. or Agency: _____

(b) CFDA Number: _____

State "Pass-Through" Department or Agency, if any: _____

Is this request for a renewal of an existing grant? **Yes** **No**

Please provide a brief description of the proposed grant-funded project:

Grant Project Budget Details **Are Matching Resources Required:** **Yes** **No**

Budget Categories	Grant Request	Matching Resources, if required		Total
		Cash	In-Kind	
Salaries & Wages				
Employee Benefits				
Supplies				
Travel/Mileage				
Equipment				
Construction				
Other				
TOTAL				

Grant Funds Requested: _____ **Total Match Required:** _____

Method of Grant Payment: **Reimbursement** **Advance** **Other**

Fund Number(s) for Match/Seed Money: _____

Grant Project Start Date: _____ **Grant Project End Date:** _____

REQUIRED ATTACHMENTS: Grant Program Guidance or RFP and Grant Application (draft or final)