

**Franklin County Government Grant Pre-Application Notification Form**

Department or Organization Applying for Grant:

Grant/Program Title:

Grant Beginning Period:

Grant Ending Period:

Grant Amount:

Funding Agency (i.e. State, Federal, Private):

**Funding Agency Contact Information**

Name

Address

Phone

Fax

Email

Funding Percentage or Match (i.e.100% or 75%/25%):

Funding Type (Revenue Advanced or Reimbursed):

Ongoing Funding Requirements(Yes/No & Length Required):

Indirect Cost Availability (Yes/No):

Grant Beneficiary:

Purpose of Grant:

Person/Dept Responsible for Grant Program Management:

Person/Dept Responsible for Reporting Expenditures:

Person/Dept Responsible for Requesting Revenue Claims:

Grant Requirements for Continuation of Program or Cooperative Agreements:

Grant Requirements for Equipment, Ownership & Insurance:

Grant Requirements for Annual Cost of Upgrade/Maintenance, etc.:

Grant Requirements for Employment or Contracted Services:

Will this grant add Value to Franklin County's Fixed Assets? (Yes/No):

Will this grant add Expense to Franklin County's Insurance Expense? (Yes/No):

Approving Official Signature:

Date: