

Pre-Grant Application Form

Department:					
Grant Title:					Starting Date: Ending Date:
Grant Source:	□Federal	□State	□Other:		
Grant Total:		County Share:		Other:	
Reporting Requi	rements:				
Grant Descriptio	n/Purpose:				

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Grant Match Information:	
Percentage of Grant Match (if applicabl	e):
Percentage of Grant designated for Adm	inic

Grant:

Other:

Percentage of Grant designated for Administration (especially for pass-through grants of which the County is the sponsor or administrative agent:

If other, please indicate:

Proposed Source of County Funding for Grant ma	tc	2	:								(((((,				((((((((((((Ċ	l	Ċ	l	l	Ċ	Ċ	Ċ	l	l	l	l	l	l	l	l	Ċ	Ċ	l	l	Ċ	l	l	l	l	Ċ	Ċ	l	į	I	1	ľ	ì	Ì	ć	į	Ì		Ì	1	ı		t	1	١	Ì	l	ć	,	ľ	ı	j	C	(٠	ľ	ı)	C	ĺ	1	,	g	Į	1	Ì	i	d	(1	r	I	U	Į	F	F	1	١	t	ı	1	r	ı	U	Į)	С	(2	(1	F	1)	0	(•	2	E)	C
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To be a second	T.N	0

General	Fund	Revenue	

R & B Fund Revenue EMS Fund Revenue

Human	Services	Fund
Halliali	JCI VICCO	· alia

Other	

If other, please indicate:

Submission/Review/Approval or Denial:

Department Head / Elected Official:	Date:
County Administrator:	Date:
Comments:	
Human Resources Director (if applicable)	Date:
Comments:	
Board of County Commissioners, Chair:	Date:
Approve Deny Deny	

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