SANGAMON COUNTY - GRANT APPROVAL FORM

Requesting Department: _____

Grant Program Title: _____

This request is for: ☐ a new grant ☐ renewal or extension of an existing grant

Grantor: _____

Brief description of the grant program and its benefits to Sangamon County:

Anticipated Grant Revenue Amount:: _____

Are matching funds required? ☐ Yes ☐ No

If yes, please state the amount and the source of matching funds:

If this grant is approved, will any new personnel be hired: ☐ Yes ☐ No

If Yes, please indicate the number and cost of personnel:

Are there any ***indirect*** costs or ***legal*** requirements associated with this grant (i.e., increased workload on existing staff, requirements to continue specific programs after grant periods, etc.): ☐ Yes ☐ No

If Yes, please provide details. Include attachment if needed:

	Current FY	**Current FY + 1**	**Current FY + 2**
Number of Employees			
Personnel Costs (in dollars)			
Fringe Benefit Cost			
Other Costs (Equipment, etc)			
Total Cost			

Requested by: _____ Date: _____

(Department Head Signature)