GRANTS COVER SHEET

New Grant Application	Continuing Grant Application	
New Grant Award or Agreement	Continuing Grant Award or Agreement	Amended Grant Award or Agreement
	Award # (if applicable): BOCC Deadline (if applicable):	
Definitions for above:		
Program Manager:	/ho can answer questions about grant	Phone Number:
Grantor:		
Who are the funds coming from?		
Project Name:	Start Date:	End Date:
What is the grant project called?		
Purpose:		
Capital Grant or Operating Grant		
If Federal Funds, Program Name:		CFDA#:
Funding Sources:		
Federal:		
State:		
Other (specify):		
County Match (dollars):		
County Match (in-kind):		
Total Project Budget:		
Account String:		

Will any funds be provided to another entity? If so, please describe. (e.g. \$10,000 of the funds will be provided to ABC Organization to provide case management or consulting services)

Comments: