GRANT AUTHORIZATION FORM

SIEP 1- (to be filled out	by Project Mana	ıger)		
New Completed Request	Continuation	n Amend		al Notification
ATTACH A COPY OF GR	ANT APPLICAT	TON WITH		criais to follow
Name of Grant:				
Department requesting grant:	; 	Projec	et Manager:	
Briefly state purpose:				
Proposed grant time period:				
Match required? \$	Money in	ı your budget	? If so, where?	
Long Term Budget Cost? Ye	s/No Approximate	Annual Bud	get Impact?	-
Department Director signatur	·e:			
Turn into County Treasure	r.			
STEP 2- (to be filled out	by County Treas	surer)		
1. Is everything in order? _	YES/NO	2. Fund	ing Proposal acceptable?	YES/NO
3. Unique identifier assigne	d to grant (for track	king purposes	s only):	
Signature of County Treasure	er	· · · · · · · · · · · · · · · · · · ·	Date:	
Forward to Grant Oversight (Committee			
STEP 3				
Approved to commen	nce with the applic	ation process		
Or Needs Commissione	r review and accep	tance to subn	nit	
	-			
-	County Manag	er ====	Date	
If the grant is awarded, you n	nust submit award	letter and cor	ntract to the County Mana	ger. Go to STEP 4
STEP 4				
The Grant has been awarded.	You are authorize	ed to commer	nce with the scope of the	grant received
_	County I	 Manager	Date	_