

**GRANT IMPACT FORM: TELLER COUNTY
INFORMATION REQUIREMENTS FOR GRANT PROPOSALS
TO THE BOARD OF COUNTY COMMISSIONERS**

TO: All persons requesting grant consideration before the Board of County Commissioners
FROM: The Board of County Commissioners

Please fill in the following prior to presenting to the County Commissioners or requesting County support for any type of grant proposal. Two (2) copies of this completed form should be provided to the County Administrator along with two (2) copies of the grant proposal/application, four (4) weeks prior to the meeting at which the Board will be considering the proposal.

Date Submitted: _____

Date of Board Meeting scheduled for consideration: _____

Contact Person & Phone: _____

1) Period of grant: From: _____ To: _____

2) Ongoing program or one-time grant? _____

3) Issuing agency/organization: _____

4) Brief description of Program/Grant: _____

List changes to current operations, personnel, etc. _____

5) Is this program ____ existing, or ____ new?

6) Is this an increase in existing funding, or a new source of funding for this program?

7) Does this require County match funds? Yes ____ No ____

8) If yes, what is your anticipated source of those County funds? Could the County match fit within your existing budget? If so, explain where and how.

9) Could this possibly reduce current County funding to your department/agency? How?

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10) For this program only:

Does the grant funding for this program span different county fiscal years? Yes ____ No ____

a) If so, fill in both columns below with estimated amounts.

b) If only one county fiscal year, only fill in first column.

Source of \$	County Fiscal Year 20____ ____/____/____ thru ____/____/____	County Fiscal Year 20____ ____/____/____ thru ____/____/____
<u>Federal</u>	\$ _____	\$ _____
<u>State</u>	\$ _____	\$ _____
<u>Private</u> (Non-governmental)	\$ _____	\$ _____
<u>Total Grant Revenue</u>	\$ _____ _____	\$ _____ _____
<u>County Direct Match</u>	\$ _____	\$ _____
<u>County In-Kind Match</u>	\$ _____	\$ _____
<u>Total County Match</u>	\$ _____	\$ _____
<u>Total Program Cost</u>	\$ _____ _____	\$ _____ _____

11) How many people are served by this grant? _____

12) Does this grant require or cause any on-going commitment of County funds?
 (e.g., operations, maintenance, personnel) Yes ____ No ____

If yes, what/how long/under what circumstances/to what departments? _____

13) Grant Compliance Issues:

- a) Will assets be purchased with this funding? Yes ____ No ____ If Yes:
- 1) Will you request bids or is this a single source purchase? _____
 - 2) What department/entity will control asset after purchase? _____

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- 3) Will the County hold title to (own) this asset? Yes _____ No _____
- 4) What department/entity will be responsible for on-going operating cost of asset?

- b) Will there be pass-through to sub-grantee(s)? Yes _____ No _____ If Yes:
- 1) Who is sub-grantee(s), if known: _____
- 2) Who will be responsible for compliance follow up? _____

- 3) Will County personnel be required to conduct grant monitoring with sub-grantee(s)? Yes _____ No _____
- 4) Will written requirements for Federal, State, or other grant compliances be developed and signed off by sub-grantee(s)? Yes _____ No _____
- 5) Will County Policies need to be provided and/or developed to meet grant requirements? (e.g., operations, accounting, personnel) Yes _____ No _____
If Yes, what policies? _____
- c) Will you be contracting out services? Yes _____ No _____ If Yes:
- 1) Will you request bids or is this a single source service? _____
- 2) Who will be responsible for compliance follow up? _____

- 3) Will written requirements for Federal, State, or other grant compliances be developed and signed off by contractor? Yes _____ No _____