

Westchester County Grant Questionnaire



This Questionnaire is required for all new grants and renewals of existing grants. Please forward the completed Questionnaire to your department's Budget Analyst.

All departments are required to submit an annual status report to the Budget Department for each grant.

Once the term of the grant ends, departments are required to reconcile the revenues and expenses of the grant and close out the grant account within Six (6) months of the end of said grant.

If you have any questions about how to complete this Questionnaire, please contact your Budget Analyst.

Legend

Cells in green need to be filled in

Cells in red contain drop-down menus to choose from

A. For an Existing Grant

1. What is the program name and grant number?

2. What was the previous grant amount? Please provide amount(s) and year(s).

B. Explanation of the Grant (Either New or Renewal)

1. Who is the granting agency? e.g., State, Homeland Security, etc.

2. What program are you applying for?

3. What are the benefits to the County from this grant?

4. What are the goals your department plans to achieve from this grant?

5a. How much is the grant amount?

5b. If the grant is a multi-year program, what are the annual amounts?

6. What is the term of the grant? Please provide start and end dates.

7. What is the frequency of revenue claimed? Monthly, Quarterly, Annually, Other?

8. What is the payment method by the grantor? Advance or Reimbursement.

9. Is the grant subject to audit by the granting agency?

Westchester County Grant Questionnaire

10. Does the grant provide funding for a mandated service? Please specify the mandate.

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C. Fiscal and Programmatic Impact of Grant

1. Is there a County match requirement as a condition of the grant? How was it determined?

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2. Is there an Advance-to-Grant account required from the operating budget? Please explain how the advance is calculated.

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3. What would be the impact of not having this grant?

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- 4a. Is this grant solely for your department? If not, please list all departments involved.

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- 4b. Who is the lead department?

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- 4c. What is the allocation by department?

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5. Have all of the other departments been involved in reviewing and signing off on the request?

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6. Will the outcome of this grant have any effects on other departments? Please identify and explain.

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- 7a. Will new positions need to be established?

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- 7b. If yes, please list positions, salaries and grades for each.

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- 7c. Will new furniture and/or computers be required for these individuals?

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- 7d. Will the cost for the furniture and computers be covered by the grant?

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8. Are there existing positions already funded by the grant? If yes, how many?

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- 9a. What will happen to these positions when funding for the program ends?

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- 9b. Is the employee aware that the position may be abolished when the grant ends?

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10. Could the work be done with existing staff?

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11. Are there any ancillary costs associated with the grant?

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12. Will any equipment purchased under the grant require maintenance, supplies, etc.? If yes, who will pay for this after the grant has ended?

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Westchester County Grant Questionnaire

13a. When the funding source ends, will this program end?

Westchester County Grant Questionnaire

13b.	If a grant has funding for a particular time period and that time period has passed and the funding ends, what happens to the program at that point in time?	
13c.	Is this a project with defined goals that will end with its completion date?	
13d.	Is this a program that the County may become dependent upon and institutionalize?	
13e.	Do you anticipate funding to continue? If yes, from where?	<div style="flex: 1; background-color: #f8d7da;"></div> <div style="flex: 1; background-color: #d4edda;"></div>
13f.	Will the expenses for the program be institutionalized into the County's General Fund?	
13g.	What will be the County's liability?	
D. While Grant is Active		
1.	Are we receiving the revenue we were anticipating for this grant?	
2.	Is the revenue being received on a timely basis?	
3.	Are we staying within the appropriation?	
4.	Have you submitted the reimbursement claims and other required information as per the terms of the grant?	
5.	Have all expenditures been vouchered on a timely basis?	
6.	Are we seeing the results that we were expecting? If not, please explain.	<div style="flex: 1; background-color: #f8d7da;"></div> <div style="flex: 1; background-color: #d4edda;"></div>
<p>I certify that my department: a) has copies of, or access to, all applicable laws, rules, regulations, grant applications, and grant agreements (including any master grant agreement), as well as any guidance or instructions received from the agency making the grant (the "Grant Terms"); b) has reviewed the Grant Terms; c) is aware of and understands all of the Grant Terms; and d) can and will comply with all of the Grant Terms.</p>		
Name		
Department		
Date		