

DATE:

RE: GRANT REQUEST FORM

TO: BUDGET DEPARTMENT

CC: DEPARTMENT OF FINANCE

FROM: (NAME)
(TITLE)
(DEPT.)
Phone #

ATTACHMENTS

The following must be attached to this memorandum:

1. Award letter from funding agency indicating the amount of the grant.
2. Approved resolution from A & C.
3. Budgets showing the distribution of the funds by account code.

Please complete the following:

TITLE OF GRANT:

IF NEW TITLE CHECK: () DOES GRANT HAVE DIRECT COUNTY PAYROLL?

START DATE: END DATE:

DEPT. CODE
TRUST #
UNIT #
Functional Activity

Funding Source	Rv Srce	Please Enter**		Current Budget	Amendment INCR/ (DECR)	Amended Budget
		CFDA CODE*	State Contract**			
Direct Federal	9852		NA	-	-	-
Federal Pass-Thru	9853			-	-	-
NYS	9854	NA		-	-	-
Interdepartmental	9855	NA	NA	-	-	-
Miscellaneous	9856	NA	NA	-	-	-
Fees	9858	NA	NA	-	-	-
Other (Please indicate source)		NA	NA	-	-	-
Total				\$0	\$0	\$0

*Please note: Federal Catalog Number is required on all grants funded by an Agency of the Federal Gov't.

**State Contract Identifier is required on all grants funded by NYS and Federal Grants Passthrough NYS