

GRANT INFORMATION FORM

(must be done when applying for a grant, prior to grant approval)

Grant Name: _____ Grant Number (if available): _____

Brief Description and Purpose of Grant: _____

Person submitting this form: _____

Person applying for grant: _____

Location: _____

Principal/Director's Signature: _____

Agency applying to: _____

Address: _____

Contact Person: _____

Phone: _____

Is this grant passed through any other agency? _____

If so, list agency: _____

Address: _____

What is the CFDA # (please obtain from granting agency) _____

Contact Person: _____

Phone: _____

\$ Amount applying for: \$ _____

Match if Applicable: _____

Budget #: _____

Indirect/Inkind Costs if Applicable: _____

(unless otherwise indicated, indirects must be budgeted into all grants)

Party responsible for compliance reports: _____

Grant approved by Business Office (Signature): _____ Date: _____

Please attach a copy of the grant application including budget pages and any additional information. The Business Office will be responsible for receiving any proceeds from grant awards and disbursement of funds. The Business Office also may be applying for the reimbursement.