CASS COUNTY
REQUEST FOR GRANT APPLICATION
(This form must be completed and approved by the County Commissioners
and/or County Council prior to applying for any grant.)

COUNTY DEPARTMENT: __________________________________________

COUNTY DEPARTMENT HEAD: ____________________________________

GRANT TITLE: __________________________________________________

GRANT AGENCY: ________________________________________________

Check all that apply:

_____ FEDERAL GRANT: Pass through____ or Direct_____ CFDA #: __________

_____ STATE GRANT: Pass through____ or Direct_____

AGENCY CONTACT PHONE #: ________________________________

AGENCY CONTACT NAME: ______________________________________

GRANT TYPE:

_____ REIMBURSABLE (COUNTY SPENDS AND IS REIMBURSED) REQUIRES A BUDGET.

_____ PASS THROUGH (COUNTY RECEIVES FUNDS AND PASSES ON TO ANOTHER ENTITY)

_____ ADVANCE (COUNTY RECEIVES FUNDS UP FRONT) REQUIRES A BUDGET.

GRANT PERIOD DATES:
STARTING _____________
ENDING ________________

GRANT YEAR (i.e. 2018 or FY 2019): ______

AMOUNT REQUESTED ___________________

COUNTY MATCH
YES ____
NO ____
AMOUNT OF MATCH ____________________

EXPLANATION:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________