

# 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:

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Grant Name Applying for \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Printed or Typed Name \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_ APPLICATION APPROVED BY COMMISSIONERS

\_\_\_\_ APPLICATION DENIED BY COMMISSIONERS

\_\_\_\_ APPLICATION APPROVED BY COUNCIL

\_\_\_\_ APPLICATION DENIED BY COUNCIL

\_\_\_\_\_  
President, Cass County Commissioner

\_\_\_\_\_  
President, Cass County Council

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Attest: County Auditor