

CHAMPAIGN COUNTY
APPLICATION FORM FOR
GRANT CONSIDERATION, ACCEPTANCE, RENEWAL/EXTENSION

Department: _____

Grant Funding Agency: _____

Amount of Grant: _____

Begin/End Dates for Grant Period: _____

Additional Staffing to be Provided by Grant: _____

Application Deadline: _____

Parent Committee Approval of Application: _____

Is this a new grant, or renewal or extension of an existing grant? _____

If renewal of existing grant, date grant was first obtained: _____

Will the implementation of this grant have an effect of increased work loads for other departments? (i.e. increased caseloads, filings, etc.) Yes No

If yes, please summarize the anticipated impact:

Does the implementation of this grant require additional office space for your department that is not provided by the grant? Yes No

If yes, please summarize the anticipated space need:

Please check the following condition which applies to this grant application:

The activity or service provided can be terminated in the event the grant revenues are discontinued.

The activity should, or could be, assumed by County (or specific fund) general and recurring operating funds.

Departments are encouraged to seek additional sources or revenue to support the services prior to expiration of grant funding.

This Grant Application Form must be accompanied by a Financial Impact Statement. (See back of form)

All staff positions supported by these grant funds will exist only for the term award of grant, unless specific action is taken by the County Board to extend the position.

DATE: _____

SIGNED: _____
Department Head

Application for & Acceptance of Grant Approval:

Approved by Finance Committee: _____

Approved by County Board: _____

Approved by Grant Executive Committee: _____