W

WILLIAMSON
COUNTY
1848

Grants Management
Request Questionnaire

Department   _____

Requestor   _____

Contact e-mail   _____

Contact Phone   _____

D I R E C T I O N S

Please complete the answers to the best of your ability. If a question does not relate to your request, please mark it N/A (Not Applicable). If your answer requires further research, please mark it as N/R (Needing Research) and give an estimated date such information will be obtained

BACKGROUND INFORMATION:

1. Start Date: _____ End Date: _____

2. Grant Title/Project Name_____

3. Please select request category: (*drop down – Asset, Personnel, Other*)

    a. If other, please list category _____

4. Describe the request category in detail to include all requirements.

5. List the type of grant your department is applying for (*drop down - Federal / State / Local / Federal Pass-thru*).

6. What is the amount of the grant?

    a. Please provide a breakdown of the total cost above.

7. Is there a match requirement? (*drop down – Yes or No*)

    a. If yes, describe the type and source of match.

8. Does the grant cover the cost of the request 100%?

    a. If not, how much is left unpaid?

    b. What is the plan to obtain grants/funds for the remaining amount?

ASSET REQUEST QUESTIONS ONLY:

9. List other similar assets in the County and/or region and if they available for use?

10. How is this asset request different from any similar assets currently in the County and/or region?

11. What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset?

12. How often do these events occur?

13. Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel?

14. Where will the asset be stored?

15. What is the useful life of the asset?

    a. Will a replacement be requested from general funds when useful life has been exhausted? *(Drop down - Yes or No)*

16. Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?

17. Does this asset require insurance coverage? *(Drop down – Yes or No)*

    a. If yes, what is the estimate of insurance coverage?

18. Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?

19. How will this asset be funded when the grant ends?

20. What is the impact if the grant is not received?

21. Please attach or provide any metrics, data, etc to substantiate this request.

P E R S O N N E L   R E Q U E S T   Q U E S T I O N S   O N L Y :

1. New Personnel position is (*drop down: Full Time, Part Time*)

2. Where will this position office?

3. Who will this position report to?

4. What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function.

5. Will this position take over tasks from current County employee? (*drop down: Yes or No*)

    a. If yes, please explain the impact to current employee.

6. How will this position be funded when the grant ends?

7. Does this position or a similar position currently exist within the department? (*drop down: Yes or No*)

    a. If "yes" how many of these similar positions exist

8. Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice)

9. Describe how workload will be accomplished/re-allocated should grant not be approved

10. Please attach or provide any metrics, data, etc. to substantiate this request to include an org chart for your department with request included

O T H E R   R E Q U E S T   Q U E S T I O N S   O N L Y :

1. List other similar items in the County and/or region and if they available for use?

2. How is this item request different from any similar assets currently in the County and/or region?

3. What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?

4. Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?

5. Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?

6. Where will the item be stored?

7. What is the useful life of the item?

    a. Will a replacement be requested from general funds when useful life has been exhausted? *(Drop down - Yes or No)*

8. Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?

9. Does this item require insurance coverage? *(Drop down – Yes or No)*

    a. If yes, what is the estimate of insurance coverage?

10. Will this item require any form of licensing? *(Drop down – Yes or No)*

    a. If yes, what is the estimate of that license fee?

11. Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?

12. How will this item be funded when the grant ends?

BUDGETARY IMPACT

1. What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)

2. Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.

3. What is the cost and frequency to maintain/update the additional equipment?

4. What is the impact of this grant application on other internal/county departments?