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BACKGROUND INFORMATION

Grants Management Request Questionnaire

Please note: The county's acceptance of a grant will generally form a contract and; therefore, the application for a grant must be considered and approved by the Commissioners Court prior to making such application.

DIRECTIONS

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. When finished, please print and upload the form to the Agenda.

Grant Title/Project Name: *

Department: *

Requestor: *

Contact Email: *

Contact Phone Number: *

Start Date: *

 

End Date: *

 

① Please select request category: *

② ☐ Asset

☒ Service

☐ Personnel

☒ Specify your own value:

* make so more than one can be selected

If other, please specify category

③ Describe the request category in detail to include all requirements.

↑ purpose of the grant

Select the type of grant your department is applying for:

☐ Federal

☐ State

☐ Local

☐ Federal Pass-thru

④ ☒ Private Foundation

* make so more than one can be selected

⑤ What is the amount of the grant?

Please provide a breakdown of the total cost above.

⑥ ⑦ Is there a match requirement?

☐ Yes

☐ No

* if yes, how much is the match amount?
* what is the source of the match?

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

☐ Yes

☐ No

OTHER REQUEST QUESTIONS ONLY

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

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

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

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

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

Where will the item be stored?

What is the useful life of the item?

Will a replacement be requested from general funds when useful life has been exhausted? (OR)

☒ Yes

☐ No

OR = category Other Request

Does this item require insurance coverage?

☐ Yes

☐ No

Will this item require any form of licensing?

☐ Yes

☐ No

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

How will this item be funded when the grant ends?

BUDGETARY IMPACT
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)
<input type="text"/>
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.
<input type="text"/>
What is the cost and frequency to maintain/update the additional equipment?
<input type="text"/>
What is the impact of this grant application on other internal/county departments?
<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

When finished, please print and upload the form to the Agenda.