NAVAJO COUNTY
GRANT PROCESSING REQUEST FORM

APPLICATION

Please attach a copy of the Notice of Funding Availability/Request for Proposals and your grant application including budget and submit to Grants Coordinator

Date Submitted to Finance: _____ Application Deadline: _____

Department: _____
Program Manager: _____

Grant Program: _____

Funding Agency: _____

Agency Contact Name: _____
Agency Contact Phone: _____
Agency Contact Email: _____

CFDA # (if applicable): _____

FUNDING REQUEST:

Federal	State	Local	Other	TOTAL

MATCH REQUIREMENTS:

Please note: Federal funds may NOT be used as matching funds for other federal funds unless authorized by Federal statute per 2 CFR §200.306(b)(5).

Is a match required for this grant? ☐ Cash Match ☐ In-Kind ☐ Both ☐ No Match

Cash Match Required: _____ NWS Fund Providing Match: _____

Fund Balance is Sufficient for Cash Match Required: ☐ Yes ☐ No

INDIRECT COSTS:

Please note: If allowed by the grant, indirect costs MUST be requested at the department's indirect cost rate x modified total direct costs (salaries, ERE, materials and supplies, services, travel, and subawards/subcontracts up to the first $25,000 of each subaward/subcontract).

Are indirect costs allowed on this grant? ☐ Yes ☐ No

Indirect Requested: _____ Basis for Indirect: ☐ 10% de minimis ☐ A-87 Plan

PROGRAM TECHNOLOGY REQUIREMENTS:

Does this grant include technology (hardware/software)? ☐ Yes ☐ No
If Yes, has IT been notified? ☐ Yes ☐ No

APPROVAL:

_____ _____
Grants Coordinator Signature Date