

Livingston County Grant Opportunity Form

Department Applying: _____ Today's Date: _____
Department Contact Info: _____

Employee preparing
application: _____

Phone Number: _____

Employee who will
manage program (if
different): _____

Phone Number: _____

Name of Grant Applying for: _____

Awarding Agency Name: _____

Please check appropriate line:

Federal _____

State: _____

Other: _____

Federal Assistance Listing Number: _____

New Grant: _____ Recurring Grant: _____
Check One First Year Received

Short Description of the scope of the grant

Start Date of Grant: _____ End Date of Grant: _____

Full Amount applying for:

Annual (Year 1

Total) \$ _____

Multi-Year Total \$ _____ *(All years combined)*

Match Requirements (if applicable)

_____ Cash Match Requirement \$ _____

_____ In-Kind Match Requirement \$ _____

This grant is intended to fund the following (check all that apply)

_____ Personnel \$ _____

_____ Equipment \$ _____

_____ Supplies \$ _____

_____ Contractual Services \$ _____

_____ Capital Building/Equipment \$ _____

_____ Other (please note below) \$ _____

Signature of Applicant Department Head: _____ Date: _____

Fiscal Services Signature: _____ Date: _____