## **Livingston County Grant Opportunity Form**

Employee who wil manage program (if different) Phone Number of Agreement of Environment ederal Assistance lelect one: New Grant: X	n l: lt, Great Lakes	
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New Grant: X	Recurring Grant: _	
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accident in Jai		First Year Received
End Date of Grant	t: 08	3/01/2026
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In-Kind Ma	tch Requirement:	\$ 0.00
nat apply and note	e the amount):	
0		
	Match Rec Cash Ma In-Kind Ma nat apply and not	Match Requirements (if applicable of the control of