

SHASTA COUNTY
GRANT APPLICATION DATA SHEET

Submit Data Sheet Via Email To:
CEO's Executive Assistant
SHASTA COUNTY ADMINISTRATIVE OFFICE
(530) 225-5561

Today’s Date:

Prepared by:

Board Agenda Target Date:

Analyst Recommends: ☐ Yes ☐ No

CAO Analyst Comments:

Grant Filing Deadline:

And Copy Via Email To:
AuditorReporting@co.shasta.ca.us

The following information must be submitted to the County Administrative Office, including all required signatures, before applications for grant funding can be recommended for approval by the Shasta County Board of Supervisors. If you need additional space, use the "Other Data/Comments" section at the end of this form.

GENERAL INFORMATION:

Project Title:

County Department/Agency:

Contract/Project Director:

Funding Sources:

Name:	a. Federal	\$	%
	b. State	\$	%
	c. County	\$	%
Telephone:	d. Other	\$	%
	e. Total	\$	%

Project Description:

Participating Agencies:

<u>Funding Source:</u>	<u>Project Period:</u>	<u>From:</u>	<u>To:</u>
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Funding Program:

- a. Federal Catalog number if any part of funds are Federal: _____
- b. State Grant Number: _____

Relationship to Other Grants:

- ☐ This is a new program/project.
- ☐ This program/project has been funded in the past, but this is a new funding agency.
- ☐ Program/project is ongoing; this is a renewal.
Grant agreement amount last cycle \$ _____
- ☐ Program/project is ongoing; this existing grant agreement is being amended.
IncreaseDecrease\$ _____

Type of Funding:

- ☐ Grant
- ☐ Operations and maintenance
- ☐ Cooperative agreement
- ☐ Other (Explain)

PROGRAM/PROJECT SUMMARY:

- 1. Purpose of the program/project:
- 2. Benefits to the County from carrying out the program/project:
- 3. Method to be used in evaluating program/project success: (Attach information if necessary.)
- 4. When the current outside funding of this program/project has been exhausted, will your Department/Agency recommend continuation of the program/project? If so, how will it be funded?

COUNTY COMMITMENTS:

- 1. Is this program/project mandated by the State? ☐ Yes ☐ No
- 2. Estimate any increase in County operating costs annually, as a result of the program/project.
\$ _____
- 3. Does the County have the option of discontinuing the program/project without penalty if funds are exhausted before completion of the program/project? ☐ Yes ☐ No
- 4. Will the program/project necessitate new or additional County staff? ☐ Yes ☐ No
If yes, describe new or additional staffing and the annualized costs of that staffing, and provide a breakdown, by percentage, of the funding sources for the new or additional staff: (Attach additional pages if necessary)
- 5. Where indirect administration costs are allowed, can the applicable percentage be applied to costs paid to subcontractors? ☐ Yes ☐ No
- 6. Indicate any limitations on charging indirect costs.
- 7. Can any unused amount of grant funds be carried over to next fiscal year? ☐ Yes ☐ No
- 8. Is a resolution of the Board of Supervisors necessary in order to apply for the grant?
☐ Yes ☐ No
- 9. Does the grant ultimately result in a long-term commitment of County resources past the grant’s initial term? ☐ Yes ☐ No
- 10. Will the County have to act as a lead agency? ☐ Yes ☐ No
If Yes, then pursuant to County of Shasta Administrative Policy 2-301, #8, the grant agreement shall provide that other participating agencies shall not be reimbursed until Shasta County has been paid by the grantor and has received the other agency’s approved invoice. The agreement shall also provide that each participating agency shall be responsible for its share of any penalty or reimbursement obligation related to an audit exception or other administrative action, and that the participating agency shall indemnify, defend, and hold harmless the County of Shasta.

FUNDING SUMMARY:

- 1. Method of Payment of Grant (Check any that apply):
 - ☐ Advance (_____% or \$ _____)
 - ☐ Letter of credit
 - ☐ Monthly advances
 - ☐ Monthly reimbursements
 - ☐ Quarterly reimbursements
 - ☐ Final reimbursement (_____%)
 - ☐ Other: _____
- 2. Please provide monthly cash flow analysis for duration of this program/project.

3. Budgetary:
- a. Revenues are deposited into Fund _____, Budget Unit _____, Account No _____ .
 - b. Appropriations are recorded into Fund _____, Budget Unit _____.

AUDIT REQUIREMENTS:
Which of the following audit requirements pertains to this grant?

- ☐ Grantor agency may audit program/project.
- ☐ Grantor agency does audit program/project on a regular basis.
- ☐ Grantor agency contracts with independent CPA firm to audit.
- ☐ County required to arrange for periodic audits.
- ☐ Audit requirements are met by single audit.

OTHER DATA/COMMENTS: