



DISTRIBUTION LIST:	
<input type="checkbox"/> County Judge	Date: _____
<input type="checkbox"/> County Auditor	Date: _____
<input type="checkbox"/> Other: _____	Date: _____

TRINITY COUNTY GRANT REQUEST FORM

(Attach a copy of the application and budget)

TARGET COURT DATE: _____

DEPARTMENT NAME: _____

CONTACT NAME: _____ APPLICATION DUE DATE: _____

FUNDING AGENCY AND PROGRAM TITLE: _____

AGENCY CONTACT: _____

SOURCE: FEDERAL – CFDA# _____ STATE

DETCOG – PROGRAM: _____ OTHER: _____

NEW DISCRETIONARY

RENEWAL FORMULA

ADJUSTMENT RENEWABLE

ONE TIME/SINGLE YEAR MULTI-YEAR

AMOUNT REQUESTED: _____

GRANT PERIOD: START DATE: _____ END DATE: _____

IS MATCH REQUIRED: NO YES AMOUNT: _____

TYPE OF MATCH: CASH IN-KIND SOURCE OF MATCH: _____

REQUIREMENT TO CONTINUE PROGRAM AFTER GRANT END? NO YES HOW LONG: _____

OTHER COSTS: (Fuel, Maintenance, Engineering, etc)? _____

DESCRIBE ANY SPECIAL PROGRAM REQUIREMENTS OR EXPECTATIONS: _____

PROVIDE A BRIEF DESCRIPTION OF THE PROJECT AND THE BENEFITS TO THE DEPARTMENT OR THE COUNTY OR ANY ADDITIONAL INFORMATION NECESSARY: _____

DEPARTMENT HEAD: Initials: _____	Date: _____
COUNTY JUDGE REVIEW: _____	Date: _____
AUDITOR REVIEW: _____	Date: _____