

# New Grant Setup Request

(Funding Source and Project Request)

Submit this form with executed grant agreement via email to # \_\_\_\_\_ auditor's grant contact Subject line="Grant Setup" plus Grant Name.  
(Ex: "Grant Setup – 2018 HIV Prevention")

Date Requested: \_\_\_\_\_ Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Grant Name: \_\_\_\_\_

Ord#: \_\_\_\_\_ Grant Period: From \_\_\_\_\_ To \_\_\_\_\_

Description of Grant: \_\_\_\_\_

Grant Type: \_\_\_\_\_ Grant ID# \_\_\_\_\_ CFDA (required on all federal grants): \_\_\_\_\_

Grantor Agency (Original source of funds) \_\_\_\_\_

Pass Through Grant? Check One YES NO Grant Customer Type (of pass through agency who receives reporting): \_\_\_\_\_

Grant Customer (pass through agency, receives reporting): \_\_\_\_\_

Receipt of funds will be (REQUIRED check one):            Advanced            Reimbursed

City Match (REQUIRED check one):                            YES                            NO

Interest Earning Required: (REQUIRED check one):        YES                            NO

AMOUNT		
	Amount in USD	Percentage
Award Amount	\$	
Program Income / Fees	\$	
Cash Match	\$	
<b>Total</b>	<b>\$</b>	<b>100%</b>

Financial Dimensions	
Entered here will always default when Grant number is entered.	
Department	
Division	
Fund	
Subfund	000000
Program	
Section 3	
Section 4	

Notes:

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