

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	\$	
Total	\$	100%

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

Notes:
