

Internal Grant Approval Form

Instructions

This form must be completed if you are applying for a grant, even if you expect the grant award to pass through the county to a nonprofit.

If any of the following are true, then you must request approval from the Board of Commissioners to apply for the grant.

- The grant requires county matching funds
- The grant will fund a new position that the county is expected to be sustained after the grant is finished
- The grant will fund a new program that the county is expected to be sustained after the grant is finished

If the grant will fund a new position, the position should have already been requested in the department Heads Up. Please submit the Heads Up form along with this form.

To enter your grant application request on the BoC consent agenda, this form and all attachments must be submitted via email to Lindsay.ray@chathamnc.org; vicki.mcconnell@chathamnc.org, lisa.west@chathamnc.org, hope.tally@chathamnc.org 14 days prior to the BoC meeting. Please refer to the Board of Commissioner meeting dates below to be sure to make the deadline.

If none of the above conditions are true then you can bypass the Board of Commissioners and email this form to lisa.west@chathamnc.org, hope.tally@chathamnc.org vicki.mcconnell@chathamnc.org at least 2 weeks prior to submitting your grant application.

Board of Commissioner Meeting Dates

At the Board of Commissioner retreat in January 2012, the Chatham County Board of Commissioners voted to move to a monthly meeting schedule beginning in February 2012.

Dated of the monthly meetings are found on the [website](http://www.chathamnc.org/index.aspx?page=45): <http://www.chathamnc.org/index.aspx?page=45>

Please check the website for the meeting dates. Agenda abstracts must be submitted two weeks prior to the meeting.

1. Grant Information

Is a county match required for this grant application?	<input checked="" type="checkbox"/> Yes, cash match required <input type="checkbox"/> Yes, in-kind match required <input type="checkbox"/> No
Will the grant fund a new position or program that the county will be expected to continue after the grant is ended? **	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BoC meeting date for entry on consent agenda <i>(Answer only if you answered Yes to any of the above)</i>	12/3/18
Agency or group offering the grant	NC Governors' Crime Commission
Title of Grant	Crime Victim Services: VAWA
Is this American Recovery & Reinvestment Act funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total funding being requested from the grantor	\$60,000
Total match required	\$15,000
Source of match	DSS Contract
Length of grant term	1 yr : 10/1/19 – 9/30/20
Type of disbursement	<input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Lump sum up-front <input type="checkbox"/> Other (describe)
Reporting schedule	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Twice a year <input type="checkbox"/> Yearly <input type="checkbox"/> Other (describe)

2. Applicant Information

Department	Family Visitation Services of Chatham County
Contact Person and title	Kit Stanley, Project Director
County, non-profit, or other grant partners	DSS, Sheriff's Office, 15B District Cts, Legal Aid, Guardian ad Litem program
Name of person responsible for grant reporting and/or administration	Kit Stanley
Signature of Department Head and Date	

3. Grant Project Description

<p>Does the grant pertain to one of the measures in the department work plan or Request for New Staff Resources? <i>If so, attach that document and skip to Section 4.</i></p>	<p><input checked="" type="checkbox"/> Yes, the project is included in the department work plan <input type="checkbox"/> Yes, the position has been noted in the Request for New Staff Resources <input type="checkbox"/> No – <u>Please explain</u></p>
<p>Provide a brief description of the grant project.</p>	
<p>What needs/issues/problems does the grant address?</p>	
<p>What are the measurable goals and objectives of the grant? <i>(For help with goals and objectives, see the grant planning worksheet.)</i></p>	
<p>If the grant will fund a new position, what are the responsibilities of the position? Who will supervise the new position?</p>	
<p>What are the major outcomes and benefits to the county that the grant will provide?</p>	
<p>If this is a multi-year grant, does continuation of the grant in the second year depend on meeting measurable outcomes in the first?</p>	

4. Budget and Funding (Feel free to modify item descriptions as needed)

ITEM	GRANT FUNDS YEAR 1	COUNTY/OTHER FUNDS YEAR 1	GRANT FUNDS YEAR 2	COUNTY/OTHER FUNDS YEAR 2	EXPLANATION
Salary & Benefits (use Benefit calculator)	42,000	10,000			
Grant financial oversight & reporting					
Personnel oversight					
Contracted services (program service provider, publication writing/design, speakers, consultants)					
Office supplies & equipment (photocopies, computers, printers, supplies)	2,200				
Travel & Training (mileage reimbursement, rental/fleet car usage, meals, hotel, airfare, registration fees, parking)	500				
Meetings and workshops (meeting space or rental fees, group meals or refreshments, handouts/notebooks, audio visual rental)					
Publications – professional printing fees.					
Communication (postage, telephone, internet access, advertising)					
Office space (space, utilities, furnishing)	15,000	5,000			
Dues & Subscriptions	300				
Capital Outlay (vehicles, large equipment)					
Miscellaneous (insurance, safety, other)					
TOTAL COST	60,000	15,000			