

GRANT CONTRACT PROCESSING FORM

Please review the attached contract relative to a grant. If you approve this contract, **sign** the form and other forms as indicated **IN BLUE INK with witness signatures, if applicable**, in sufficient time to meet the deadline date indicated below.

If you have questions regarding this contract, please contact the Grant Analyst at Ext. 2404 or the Department contact listed below to address those issues in a timely fashion. After your questions have been satisfactorily addressed, your signature is required for the contract to be forwarded for the next signature and final approval. Upon final approval, please **return to the Grant Analyst** for copying and record retention. The contract will then be returned to the Department Contact.

Section 1: General Information

Grant Program Relative to Contract: _____

Contract Vendor: _____

Expense Account for Contract in GL: _____

Contract Amount: _____ Awarded by RFP Yes No

Current Date: _____ Approval Deadline: _____

Department Contact: _____ Phone/Ext: _____

Section 2: Contract Description *(Briefly summarize the overall purpose of the contract)*

Section 3: Contract Review/Approval *(Signature is required on Contract by the President, County Commissioners, and where applicable, by the County Attorney. All other should sign only this processing form.)*

	Signature	Date
Department Head	_____	_____
Chief of Purchasing	_____	_____
Grant Analyst or Budget Analyst I	_____	_____
Chief of Budget	_____	_____
Director of Fiscal and Administrative Services	_____	_____
County Attorney	_____	_____
County Administrator	_____	_____
President, County Commissioners	_____	_____