

GRANT REPORT PROCESSING FORM

Please review the attached grant reporting document(s). If you approve, **sign** the form(s) 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 grant reporting, 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 form(s) 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 report will then be returned to the Department Contact.

Section 1: General Information Quarterly Semi-Annual Annual Closeout

Grant Program:

Grant ID Number:

Type of Report:

Current Date:

Approval Deadline:

Department Contact:

Phone/Ext:

Section 2: Report Description *(Briefly summarize the report and include billing information if applicable.)*

Section 3: Report Review/Approval *(Signature is required on this report by the President of the County Commissioners, and where applicable, by the County Attorney. All other should sign only this processing form unless otherwise indicated. For electronic submissions, the report will be submitted to the funding agency by the deadline but will be revised or rescinded if not approved.)*

	Signature	Date
Dept. Head / Sheriff / State's Attorney		
Grant Analyst or Budget Analyst I		
Chief of Budget		
Director of Fiscal & Admin Svs.		
County Attorney		
County Administrator		
President, County Commissioners		