

4. FINANCIAL AND BUDGET INFORMATION			
Project Start date: _____ Project End Date: _____	Program/Department funding under Corrective Action? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the funding source allow for indirect costs (IDC)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the funding source require a cost share/matching requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> In-kind Match, or <input type="checkbox"/> Cash Match, Amount _____	
How will IDC be (charged) (calculated)? <input type="checkbox"/> Written in as part of the Funding Amount Requested (Grant Budget) <input type="checkbox"/> Received as a separate award (Modification)			
Is there a limit on the amount of IDC that can be applied? <input type="checkbox"/> YES <input type="checkbox"/> NO If limit on IDC, what is the limit? _____		Please explain your source(s) for a cash, or in-kind match?	
Will you be hiring any additional staff for this project, if yes please explain how many and titles?			
Does the proposed project require any additional office space, if yes where will the staff person(s) be located?			
Estimated Budget per project year	Funding Amount Requested	Estimated Tribal Cash Match	Estimated Total Cost of Project
Year One			
Year Two			
Year Three			
Year Four			
Year Five			
Total Project Period			
Will a consultant(s)/contractor be hired under this project? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, estimated amount of consultant agreement/contract: _____	
5. FINANCE OFFICE USE ONLY (This section to be completed by Chief Finance Officer)			
Initial contact with funding agency: Date: _____ Phone#: _____		Funding Agency Contact: Name and Title: _____ Funding Agency Name: _____	
Will funds be disbursed on a reimbursement or advance basis? CFO Signature/Date: _____ / ____ / ____		Reimbursement Basis <input type="checkbox"/> Cash Advance Basis <input type="checkbox"/> When will drawdowns be completed? Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/>	
CFO NOTES:			

GRANTS COMMITTEE RECOMMENDATION:

- Grants Management Committee Meeting Minutes attached. Recommendation: Grant is **RECOMMENDED** Grant **NOT** recommended
- Committee reason for this decision: _____