

Grant Agmt # \_\_\_\_\_

Legistar # \_\_\_\_\_

# GRANT AGREEMENT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: \_\_\_\_\_  
Dept. Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** \_\_\_\_\_

Service Requested: \_\_\_\_\_

Description: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: JBB

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**HR APPROVAL:** N/A - Grant Agreement

**RISK MANAGEMENT:** N/A - Grant Agreement

**PLEASE EMAIL [monica.smithcamp@edcgov.us](mailto:monica.smithcamp@edcgov.us) ONCE COMPLETED. Thank you!**