



PINAL COUNTY
Wide open opportunity

PRE-PROPOSAL APPROVAL FORM FOR ALL ALTERNATIVE FUNDING

Please submit the completed form with the required signatures to:

Ernie Feliz, Pinal County Grants Coordinator, ernie.feliz@pinalcountyz.gov

970 North Eleven Mile Corner Road, Casa Grande, AZ 85194 Phone 866-7221, fax: 866-7235

1. Name(s) of department(s)/division(s) submitting the grant proposal:			
2. Name(s) of person(s) writing the grant proposal: Phone: _____ e-mail: _____			
3. Grant title and funding entity:			
4. Type of Grant (check one): <input type="checkbox"/> Federal <input type="checkbox"/> Federal Pass Through, <input type="checkbox"/> State, <input type="checkbox"/> Local, <input type="checkbox"/> Tribal <input type="checkbox"/> Private			
5. Who will manage the grant funded project? Name: _____ Phone: _____ e-mail: _____			
6. Who will be responsible for grant reporting?			
a. administrative Name: _____ Phone: _____ e-mail: _____			
b. financial Name: _____ Phone: _____ e-mail: _____			
7. Amount of funding sought from funding entity listed above:			
8. a. Date application is due to funding entity: b. Will submission be electronic or hard copy? c. Does funding source require board of supervisors review/approval prior to submission? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Grant Period:			
10. Does grant allow reimbursement of Indirect Costs? Yes _____ No _____ (If no, please attach documentation from funding source) If allowed, Indirect % to be applied for _____ Explain if different than A87 Cost Allocation Plan Rate:			
11. Are matching funds required? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: cash: \$ _____ in-kind: \$ _____ Identify match source(s)/funds/cost center(s)			
12. In-kind support (current County personnel, facilities, equipment to be used). List all by percent of time to be spent on the grant project OR actual dollar amount: _____			
% or \$	Funding Source Match Required	Additional Resources (not required by funding source)	Total \$ Value of In-Kind Support
Personnel			
Facilities			
Equipment			
Other (Identify)			

13. List all potential community partners by name of organization and type of support, and indicate whether any match is involved:

14. List anticipated new personnel, facilities, and equipment to be paid for by the grant. If equipment is to be purchased, budget should provide information on provisions to pay for future maintenance costs:

	Grant	Other	Source of Other Funds
<u>Personnel</u>			
<u>Facilities</u>			
<u>Equipment</u>			

15. a) Is this a start up program? Yes No

b. Sustainability plan required? Yes No

If yes, please describe the plan.

Attach additional paper if necessary

Briefly describe the project you wish to fund.

Describe alignment with your department strategic goals and/or countywide strategic priorities.

Describe the costs and benefits associated with this proposal (articulate expected results).

Attach additional paper if necessary

This space is provided to address any additional information that may be pertinent to this pre-proposal.

If there's additional information you wish to address, please do so here.

PLEASE ATTACH THE REQUEST FOR PROPOSAL (RFP) FOR THE GRANT, ALONG WITH A DRAFT BUDGET FOR THE PROJECT.

Signature and Title of Person Completing Form: _____

Director's Signature: _____

NOTE: Signing above is acknowledgement that all information provided is accurate and the department can meet requirements of the funding source.

SIGNATURES TO BE OBTAINED IN SUCCESSION BY THE PERSON COMPLETING THE FORM:
NOTE: The signatures contained herein are based solely on the information provided on this form and accompanying attachments. It is the responsibility of the applying department's personnel to verify accuracy of the information and determine whether requirements of the funding source can be met.

Assistant County Manager or Elected Official

Date Received _____
Assistant County Manager /Elected Official (signature)

Date of Recommendation _____ Positive ____ Negative ____

Comments:

Grants Coordinator

Date Received _____
Grants Coordinator (signature)

Date of Initial Recommendation _____ Positive ____ Negative ____

Comments:

Information Technology

Date Received _____
Chief Information Officer (signature)

Date of Recommendation _____ Positive ____ Negative ____

Comments:

Master Facilities Committee _____

Date Received _____

Master Facilities Chair (signature)

Date of Recommendation _____

Positive ____ Negative ____ Comments:

Fleet Services _____

Date Received _____

Fleet Services Director (signature)

Date of Recommendation _____

Positive ____ Negative ____ Comments:

Finance Department

Date Received _____

Chief Financial Officer (signature)

Date of Recommendation _____ Positive _____ Negative _____

Comments:

Budget Office

Date Received _____

Budget Director (signature)

Date of Recommendation _____ Positive _____ Negative _____

Comments:

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Grants Coordinator

Date Received _____

Grants Coordinator (signature)

Date of Final Recommendation _____ Positive _____ Negative _____

Comments:

COUNTY MANAGER SIGNATURE TO BE OBTAINED BY THE GRANTS OFFICE

COUNTY MANAGER/DESIGNEE

Date Received _____

County Manager (signature)

Date of Recommendation _____ Positive _____ Negative _____

Comments: