



BRUNSWICK COUNTY

Grant Application Evaluation Form

Lead Department:		Date:	
Department Head:		Department Contact for Grant:	
Co-Applicants / Other Participating Departments/Agencies/Community Organizations:			
Grant Title:			
Funding Organization:			
Grant Period/Term:	Grant Amount: \$	<input type="checkbox"/> New Grant <input type="checkbox"/> Recurring Grant <input type="checkbox"/> Multi-Year Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Matching Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount: \$	<input type="checkbox"/> In Kind _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Other _____	
Describe how match will be met.			
Are matching funds in the current budget or does the match require additional funding? Please explain. <input type="checkbox"/> Available <input type="checkbox"/> Additional Needed <input type="checkbox"/> N/A- No matching funds required/requested			
Briefly describe the purpose of the grant.			
Program Duplication / Cost Recovery			
Will this project in any way duplicate or compete with another service or program provided by Brunswick County, another local agency or community organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly	
Will this grant provide support for a mandated service?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we capitalize on this funding to meet current and/or future equipment or facility needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this grant result in supplanting? <i>Supplanting occurs when a state, local, or Tribal Government reduces state, local, or tribal funds for an activity specifically because federal funds are available (or expected to be available) to fund that same activity.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Grant Considerations	
Can the scope of work be completed within grant time frame allotted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Can the requirements of this grant be met with current staffing levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Will new positions be requested (or expiring grant funded positions extended)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many new positions will be funded by the grant?	_____ new positions
How many existing positions will be funded by the grant?	_____ existing positions
Will the grant create a program or require any County commitment for funding after grant funding ends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the grant contain subcontracts/sub awards or contractual services? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of items or services to be purchased with funds:	
Will any items purchased with grant funds revert back to the granting agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain
Is funding received in advance or on a reimbursement basis?	<input type="checkbox"/> In Advance <input type="checkbox"/> Reimbursement

I have read, and am familiar with Brunswick County's Grant Policy. I acknowledge that as the Department Head, I am agreeing to be responsible for the administration of this grant and will ensure all requirements are fully met in a timely manner.

Department Head Signature

Date

Director of Fiscal Operations

Date

County Manager

Date

<input type="checkbox"/> Approved by County Manager
<input type="checkbox"/> Requires BOCC (Agenda Item Needed)