



GRANT NOTIFICATION FORM

TO

Executives Office:	Pierce County Executive	PCExecutive@co.pierce.wa.us
Finance Department:	Carron Boucher	carron.boucher@co.pierce.wa.us
County Council:	Paul Bocchi	paul.bocchi@co.pierce.wa.us

FROM

Grant Requesting
Department/Division: _____

Project Title: _____

Project Purpose: _____

GRANT PROGRAM

- | | |
|--|--|
| <input type="checkbox"/> Federal | <input type="checkbox"/> State |
| <input type="checkbox"/> Formula Grant | <input type="checkbox"/> Competitive Grant |

GRANT PROGRAM TITLE/DESCRIPTION

Details:
(use additional
paper if necessary)

Due date of
Grant Application: _____



FISCAL IMPACT

Operating Budget

Grant Amount: \$ _____

Duration: _____ Year: _____

Match Required: \$ _____ Source of Match: _____

Additional Staffing Required? Yes Number required: _____
Length of time: _____

No

Grant anticipated in Budget? Yes
 No

Capital Budget

Grant Amount: \$ _____

Duration: _____ Year: _____

Match Required: \$ _____ Source of Match: _____

Additional Staffing Required? Yes Number required: _____
Length of time: _____

No

Grant anticipated in Budget? Yes
 No

Item in Capital Facilities Plan? Yes
 No

Additional Information

Please provide any additional information relating to the grant:

DEPARTMENT CONTACT

Department Contact: _____

Phone: _____

Email: _____