

Grant Evaluation Form
Arapahoe County Government
_____ (Dept Code-Year-Number)

Overview

Grant Name _____
Grantor _____
Amount applied for _____
Application/submission deadline _____
Does application/proposal require/imply acceptance? _____
Office/Department/Division applying _____
Grant period (time to expend funds) _____
New grant _____ Renew existing _____ Expand existing _____
Previous grant name and dates, if applicable _____
Federal grant _____ If so, federal agency _____
If so, ~~CFDA~~ # (s) _____
If on grants.gov, Opportunity # _____
State grant _____ If so, state agency _____
Are federal funds passed through _____
If so, CFDA # (s) _____
Apply via COGMS online? _____
Other grantor _____

Benefits

What is grant expected to accomplish? _____

How does it align with County and department goals and objectives? _____

How will success be measured _____

What constituency is expected to benefit? _____
New service _____ Existing service _____ Expanded service _____
Alternatives to using grant to accomplish this benefit _____

Cost/Budget

Matching funds
Matching funds required – Cash _____ In-kind _____ Funding source _____
FTE's
New FTE's? _____ Duration _____
If not grant funded, describe funding plan _____
Are benefits covered? _____ How much? _____ If not, plan to cover _____
Describe any potential workman's comp risk _____
If occurred, plans to fund _____
Anticipated unemployment costs when termed _____
Plans to fund unemployment or workman's comp after grant is closed _____
Describe space and equipment available for new FTE _____
Are additional space or equipment costs covered in grant? _____

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Fixed/capital asset

Describe asset _____
Estimated dollar amount & how derived _____
Did process of estimating costs meet federal or grant requirements? _____
Specific purchasing requirements _____
Requirements for use of asset _____
Requirements for disposition of asset _____
Plan to replace when expired? ____ When? ____ How? ____ How much? ____
Plan for funding IG rents _____
IT hardware/software _____
Anticipated implementation costs and how funded _____
Anticipated implementation timeline _____ Corroborated with IT? _____
Priority ranking _____
Staff dedicated to implementation _____
Anticipated asset maintenance costs _____ Plan to fund them _____

Advance or reimbursement grant

If reimbursement, how often will requests be filed _____
Is there a time frame to be met after which it becomes nonreimbursable? ____
How plan to meet that deadline _____
How plan to fund nonreimbursable expenditures _____

Allowable costs

Anticipated administration costs _____
What are allowable costs for reimbursement _____
If subject to single audit, will grant pay fees? _____
If audit and admin costs are not covered, plans for funding them _____

Compliance Requirements

Does the grant require:

EEOP _____
Drug-free workplace _____
Davis-Bacon _____
Minority & women owned preferences or Historically Underutilized Business (HUBS) purchases _____

Does acceptance of the grant obligate the County to provide goods/services/service levels/standards beyond the grant period or funding? _____

If so, describe _____
Plans for funding _____

Other compliance requirements specific to this grant _____

Impact on County Operations

Does the grant require IT support to implement or support? _____

Describe plans _____

Describe plans for tracking and reporting _____

Requesting Finance to assist in setting up grant tracking system in SAP _____

Describe the training and experience of the staff responsible for the tracking and reporting of this grant _____

Does the grant require FFM assistance for additional space for FTE or equipment _____

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Describe plans _____

Will the grant require any change in County or department/office policy? _____

If so, describe _____

Describe any other potential impact on other departments/offices _____

Other Considerations

Is there an automatic renewal in subsequent years? _____

Is it a regional grant benefiting more than just Arapahoe County _____

If so, describe _____

Is the County acting as fiscal agent? _____

If so, attach narrative describing entities covered, responsibilities, how
admin costs are funded, benefits & exposure _____

Are funds being passed through to another agency/partner/subgrantee? _____

If so, describe _____

Describe plans to monitor subgrantee compliance _____

Are others participating in costs? _____ How? _____

Are there any other potential liabilities _____

Name and title of person authorized/responsible for

Grant application _____

Required reporting _____

Reimbursement requests _____

Plan for approval

Drop-in _____

Study Session _____

Dept/Office signature only _____

Staff Contacts Involved in Evaluation Process

Dept/Office applying for grant _____

Attorney's Office _____

Attorney's Office – Risk Mgmt _____

Facilities & Fleet Management _____

Finance – Grants _____

Finance – Budget _____

Finance – Purchasing _____

HR _____

IT _____

Attachments

List attachments

Grant application form _____

Grant application instructions _____

Specific compliance requirements _____

Other, describe _____

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Signature

Grant submitted by

Name _____
Title _____
Elected Official/Department Director/Designee _____
Date _____

Reviewed by

County Attorney's Office

Name _____
Title _____
Date _____
Comments _____

Finance Department

Accounting – Grants

Name _____
Title _____
Date _____
Comments _____

Budget

Name _____
Title _____
Date _____
Comments _____

Purchasing

Name _____
Title _____
Date _____
Comments _____