

# 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? \_\_\_\_\_

# Grant Evaluation Form

## Arapahoe County Government

# \_\_\_\_\_ (Dept Code-Year-Number)

### 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

# Grant Evaluation Form

## Arapahoe County Government

# \_\_\_\_\_ (Dept Code-Year-Number)

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 \_\_\_\_\_

# Grant Evaluation Form

Arapahoe County Government

# \_\_\_\_\_ (Dept Code-Year-Number)

**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 \_\_\_\_\_