

	Part One – Basic F	ederal Awa	ard Informat	tion		
Review Request Type: Fall 20-Day Review State Agency:			20-Day Session Review		Urgent 10-Day Review	
Federal Award Title:						
Federal Legislation Auth	orizing the Grant:					
Application Status:	Pre-Application	Appl	ication	Negotiation	Award	
	End Date:			_		
	Part Two – Aw			-		
New Award		• • • • • • • • • • • • • • • • • • • •				
Amount requiring approval in the current biennium:			Anticipated federal grant expenditures in the planning years (next biennium)			
State FY:Amt	:\$		State FY:	Amt: \$		
State FY:Amt	:\$		State FY:	Amt: \$		
Increase in Award	Amount (includes continua	ation and inc	crease in awai	rd amount)		
Date the current biennium amount was originally approved?			Anticipated federal grant expenditures in the planning years (next biennium):			
Incremental amount req	uiring approval in the curre	nt biennium				
State FY:Amt: \$			State FY:	Amt: \$		
State FY:Amt	:\$		State FY:	Amt: \$		
Amount originally apports of the current biennium	roved + Incremental a im	amount req	uested =	New total biennium		
Change in Fiscal Ye	ears Spending Authority O	only				
Date the current biennium amount was originally approved?			Anticipated federal grant expenditures in the			
Incremental amount req	planning year	rs (next bienniun	n):			
State FY:Amt	: \$		State FY:	Amt: \$		
	: \$		State FY:	Amt: \$		
	roved + Incremental					
for the current hienni				hiennium		

Form: 7250-01 (Revised July, 2018)

## **Part Three – Grant Description**

Narrative Description of the Federal Award

Form: 7250-01 (Revised July, 2018)

10-Day	y Urgent Requ	est – Describe the nat	ire of the urgency.		
<b>20-</b> Day	y Review - Desc	cribe any implications	s if the spending authori	zation is delayed.	
		D4 E Cl			
		Part Four – Sr	ort and Long-Term C	ommitments	
Does t	enance of Effor he award conta please provide t	in a maintenance of eff	ort requirement?	Yes No	
FY	FUND	AppropID	FinDeptID	Amount	
FY	FUND	AppropID	FinDeptID	Amount	
FY	FUND	AppropID	FinDeptID	Amount	
	•	of MOE including the p ces if MOE is not met	rogram and budget activi	ty from where cash orig	ginates, <b>length of</b>
Match	requirement:				
Is a ha	rd (cash contrib	utions) or soft (in-kind	contributions) match req	uired? Yes	No
If yes,	please provide t	the following:			
1.	what amount	is cash contributions (h	unt by state fiscal year for ard match) and what amo ars, include information fo	ount is in-kind contribu	tions (soft match).

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	State FY	Federal portion	Hard match	Soft match	Total project amoun	nt
2.	Account ir	nformation: FY	-	propID	FinDeptID	
		FY FY	-	propID propID_	FinDeptID FinDeptID	
E F	low many F	-TE(s) are needed to	carry out this project	c/proposal?	_NewExistir	ng
	s the contir f yes, pleas	•	a condition of receivii	ng the federal award?	? Yes N	No
1. 2. 3. 4.	If yes, income If no, pro To what I How much	vide justification and base is the indirect o th of the grant is ind	s rate is different fror d supporting docume ost rate applied?	ntation for not includ		
			Part-Five – Si	gnatures		
	Agency	Finance Director's Si	gnature		Date	
	Depa	artment Head's Signa	ature		Date	
	Executiv	e Budget Officer's S	ignature	-	Date	

Form: 7250-01 (Revised July, 2018)