

## **Federal Funds Review Request**

Please complete this form in accordance with the instructions.

Part One – Basic Federal Award Information										
Review Request Type: Fall 20-Day Review		20-Day Session Review Urgent 10-Day Re								
State Agency:										
State Legal Authority:										
Federal Agency:										
Assistance Listing Number (ALN):										
Federal Award Title:										
Federal Legislation Au	thorizing the Grant:									
Application Status:	Pre-Application	Application	Negotiation Award							
Part Two – Award Type Information (Dollars in Thousands)										
New Award										
Amount requiring approval in the current biennium:		Anticipated expenditures in the next biennium:								
State FY:	Amt: \$	State FY:	_ Amt: \$							
State FY:	_ Amt: \$	State FY:	_ Amt: \$							
Increase in Award Amount (include continuation and increase in award amount)										
Original approval date	e for current biennium:									
Incremental amount	, , , , , , , , , , , , , , , , , , , ,	Anticipated incremental expenditures in the next biennium:								
State FY:	_ Amt: \$	State FY:	_ Amt: \$							
	_ Amt: \$		_ Amt: \$							
Amount approved for t	the current biennium + Incrementa	I amount requested = N	lew total current biennium							
•	Years Spending Authority Only									
Original approval date	e for current biennium:									
Incremental amount	requiring approval:	Anticipated incremental expenditures in the next biennium:								
State FY:	Amt: \$	State FY:	_ Amt: \$							
State FY:	Amt: \$	State FY:	_ Amt: \$							

Amount approved for the current biennium + Incremental amount requested = New total current biennium

Other Revision Provide explain revision below.										
Part Three – Grant Description										
Provide a description of the federal award.										
Describe the nature of the urgency for		describe any implicatio	ns if the spending							
authorization for a 20-day review request is delayed.										
		mitments (Dollars in	Thousands)							
Provide a narrative description of the short and long-term commitments.										
Maintenance of Effort (MOE)										
Does the award contain a maintenance of effort requirement? Yes No If yes, please provide the following:										
	AppropID	Amount								
	AppropID	Amount								

Form: 7250-01 (Revised August 2024)

**FUND** 

**FUND** 

FY

FY

**AppropID** 

AppropID

**Amount** 

Amount

Narrative description of MOE including the program and budget activity from where cash originates, length of MOE, and consequences if MOE is not met.

## **Match requirement:**

No Is a hard (cash contributions) or soft (in-kind contributions) match required? Yes If yes, please provide the following:

1. An estimate of the total project amount by state fiscal year for each year of the award; also indicate what amount is cash contributions (hard match) and what amount is in-kind contributions (soft match). If the award runs longer than two years, include information for each additional year.

	State FY Federal	portion	Hard match	Soft match	Total project amount
2.	Account information:	FY	FUND	AppropID	
		FY	FUND	AppropID	
		FY	FUND	AppropID	

**AppropID** 

3. Description of the program and budget activity from where cash contributions will originate.

**FUND** 

## **FTE**

How many FTE(s) are needed to carry out this project/proposal? New **Existing** Is the continuation of positions a condition of receiving the federal award? Yes No If yes, please describe.

## **Indirect Costs**

Are indirect costs included in the proposal? No Yes

FY

- 1. If yes, indicate the rate and on what base that rate is applied.
- 2. If no, provide justification and supporting documentation for not including it.

Please use the space below to respond to the questions above as they apply to your proposal.

**Agency Contact and Email:** 

**Date Submitted:** 

**MMB Contact and Email:**