

GASB 34 – REQUIRED GRANT INFORMATION

The following information is necessary for GASB 34 and the Circular No. A-133 Single Audit reporting requirements.

Department Name: _____

Name of Grant: _____

IFS Fund/Dept/Program: _____

Name of Person completing this report _____

Please check the appropriate line or lines and fill in all necessary information.

1. This is a

- Federal grant CFDA# and Name _____ Agency _____
- Federal grant CFDA# and Name _____
.....passed thru ((State)Agency & (Grant #)) _____
- State grant – Agency or Dept _____
- Local grant (Name of governmental unit) _____

2. The grant period and amount awarded for each county fiscal - calendar year is ____/____/____ through ____/____/____ for \$ _____
is ____/____/____ through ____/____/____ for \$ _____

3. How are funds received?

- Funds are received upfront |__|monthly, |__|quarterly, |__|annually, ____/____/____ through ____/____/____.
- Funds are received via application **for reimbursement.**

4. What are the Grant compliance requirements?

- Covers Operating expenses
- Covers Capital expenses (i.e. equipment, land, valued at \$5,000 or more, etc.)

5. What are the matching requirements?

- No County or Local match required.
- Time and materials in the amount of \$ _____ for the period ____/____/____ through ____/____/____
- Other: _____

6. Other than State Auditor, has there been any State or Federal Agency review or notices of this program during the current fiscal year? ___ No

___ Yes by _____.

 * Grant Number Assigned: _____ *
 * Grant Approved by County Board as in Board Minutes of _____ *
 * Grant Budget Adjustment Approved in the Amount of _____ *
