

EASTERN SHAWNEE TRIBE OF OKLAHOMA

Grant Review Committee Request Form

(Complete and submit this form electronically to the Grants Director at tlowery@estoo.net)

NOTE: PLEASE SUBMIT THIS FORM AT LEAST 4-6 WEEKS BEFORE THE GRANT DUE DATE, WHEN POSSIBLE. A COPY OF THE FULLY COMPLETED "GRANT REVIEW COMMITTEE REQUEST FORM" WILL BE PRESENTED TO THE GRC FOR DISCUSSION AS WELL AS APPROVAL OR DENIAL OF THE GRANT REQUEST. PLEASE KEEP A COPY OF YOUR GRC REQUEST FORM FOR YOUR RECORDS.

NAME _____ TITLE _____ DATE _____

TITLE OF GRANT _____ FUNDING AGENCY _____ DUE DATE _____

NUMBER OF AWARDS EXPECTED _____ AWARD CEILING _____ AWARD FLOOR _____

GRANT INFORMATION

- TYPE OF GRANT: _____ FEDERAL _____ STATE _____ FOUNDATION _____ OTHER
- INDIRECT COSTS ALLOWED: _____ YES _____ NO
- TRAVEL/TRAINING REQUIRED: _____ YES _____ NO
- IN-KIND/MATCHING REQUIRED: _____ YES _____ NO
- TRIBAL RESOLUTION REQUIRED: _____ YES _____ NO

IF YES, PLEASE PROVIDE DETAILS OF ANY IN-KIND OR MATCHING REQUIRED: _____

TIMELINE INFORMATION

- DURATION OF GRANT: _____ 12 MONTHS _____ 24 MONTHS _____ 36 MONTHS _____ OTHER
- PROJECT BEGIN DATE: _____/_____/_____
- PROJECT END DATE: _____/_____/_____
- PROGRAM REPORTING: _____ QUARTERLY _____ SEMIANNUALLY _____ ANNUALLY _____ OTHER
- FINANCIAL REPORTING: _____ QUARTERLY _____ SEMIANNUALLY _____ ANNUALLY _____ OTHER

EMPLOYMENT

- JOBS RETAINED: _____
- JOBS CREATED: _____
- EMPLOYMENT STATUS: _____

PURPOSE (BRIEFLY EXPLAIN THE PURPOSE OF THE GRANT OPPORTUNITY) _____

PROJECT IDEA

(BRIEFLY EXPLAIN WHAT WILL BE ACCOMPLISHED, HOW FUNDS WILL BE USED, HOW THIS PROJECT WILL BE SUSTAINED, AND HOW THIS GRANT OPPORTUNITY WILL STRENGTHEN YOUR DEPARTMENT AND/OR THE TRIBE)

Grant Review Committee Use Only

Action: _____ Approved _____ Denied

Comments: _____

(GRANTS DIRECTOR)

(DATE)

(CHIEF)

(DATE)