

NEW FUND/DEPARTMENT/DEPARTMENT NAME CHANGE REQUEST

Award Letters for all Grants must be attached before we can create the fund

DATE OF REQUEST		
PERSON REQUESTING		
DEPARTMENT REQUESTING		
NEW FUND NAME Enter the name you would like this fund to be called		
BUDGETED FUND (check one)	Yes	No
IF FUND NAME IS BEING CHANGED, ENTER FUND NUMBER		
IF FUND NAME IS BEING CHANGED, ENTER NEW NAME		
GRANT MONIES RECEIVED?	Yes	No
FEDERAL GRANT NUMBER Page two of this document MUST be filled out for Federal Grants		
CFDA (Catalog of Federal Domestic Assistance) NUMBER		
STATE GRANT NUMBER If You Answered Yes To Grant Monies, enter the State Grant #		
SCM (Supplier Contract Module) NUMBER		
NEW DEPARTMENT NAME		
EXISTING FUND NUMBER & NAME FOR THIS DEPARTMENT		
ADD EXISTING DEPARTMENT NUMBER TO AN EXISTING FUND		
IF DEPARTMENT NAME IS BEING CHANGED		
SIGNATURE OF OFFICE HOLDER OR DEPARTMENT HEAD		
EXPLANATION FOR NEW DEPARTMENT OR NAME CHANGE:		
PLEASE COMPLETE AND ATTACH THE <i>NEW OBJECT REQUEST</i> FORM FOR PAYROLL AND EXPENSE LINE ITEMS. CLICK ON THE		
PLEASE SEND IN A COMPLETED <i>VANDEBURGH COUNTY AUTHORIZATION FORM</i> WITH THIS REQUEST.		
FOR ALL FUNDS CREATED BY THE COUNTY, THERE MUST BE AN ORDINANCE OR RESOLUTION BY THE COUNTY COUNCIL OR BOARD OF COUNTY COMMISSIONERS TO SUPPORT IT. PLEASE ATTACH A COPY OF THIS ORDINANCE. THIS DOES NOT APPLY TO FEDERAL, STATE OR LOCAL GRANTS.		

FEDERAL GRANT SUMMARY FORM

This *Grant Summary* form, plus the *Grant Award Letter & Grant Agreement* must accompany the New Fund/New Department Request form when requesting a new grant. The new fund number will not be assigned until all information is received. If any of the following information changes, a new form must be completed. Whenever you request reimbursement, copy us at: claims@vanderburghgov.org

LOCAL PROJECT NAME	
PASS-THROUGH AGENCY AWARD NUMBER	
PASS-THROUGH AGENCY AWARD NAME	
AWARD METHOD	ADVANCED REIMBURSEMENT
INITIATING OFFICE/DEPARTMENT	
DEPARTMENT CONTACT NAME	
DEPARTMENT CONTACT PHONE	
DEPARTMENT CONTACT E-MAIL	
PASS-THROUGH AGENCY Full correct name without abbreviation	
PASS-THROUGH AGENCY CONTACT NAME	
PASS-THROUGH AGENCY CONTACT PHONE	
PASS-THROUGH AGENCY CONTACT E-MAIL	
FEDERAL AGENCY Can be determined by first 2 numbers of CFDA	
FEDERAL PROGRAM/PROJECT TITLE Full official name from www.cfda.gov	
CFDA NUMBER Catalog of Federal Domestic Assistance Number	
PASSED TO SUB-RECIPIENTS If money is passed to another agency	
SUB-RECIPIENTS Name(s) of sub-recipient(s) if applicable	
TOTAL AMOUNT AWARDED E-mail claims@vanderburghgov.org each time money is requested. Be sure to include the CFDA # in your e-mail.	

The following will be completed by the Auditor:

FUND NAME Same as the Federal Program/Project Title	
FUND NUMBER Will be assigned by the Auditor's Office	