



PINAL COUNTY
WIDE OPEN OPPORTUNITY

Board of Supervisors Grant Request

Board of Supervisors meeting date: _____

Department seeking grant: _____

Name of Granting Agency: _____

Name of Grant Program: _____

Project Name: _____

Amount being requested: _____

Match/budget amendment required: _____

Application due date: _____

Anticipated award date: _____

Addresses a strategic priority/goal? If so, identify: _____

Applicable Supervisor District: _____

Brief description of project:

Appropriate approvals received as required under Policy 8.20: _____

Board of Supervisor Request (check all that apply):

Discussion/Approve/Disapproval consent item _____

New item requiring discussion/action _____

Request to submit the application _____

Retroactive approval to submit _____

Public Hearing required _____

Resolution required _____

Request to accept the award _____

Request to approve/sign an agreement _____