

GRANT WORKSHEET

FY 2023-24 BUDGET

Please check here if no salaries are funded by this grant. If the grant is funding all or part of an employees salary:
COMPLETE PAGE 2 OF THIS WORKSHEET

Funding Source Code _____
For Accounting Department use only

County Fund & Dept Receiving Grant
185 Library

Award Period:
Begin: _____
End: _____

Common Name <u>Kyler Fund</u> <small>Everyday name used within your department</small>	Formal Name <u>Dorothy Louise Kyler Fund</u> <small>Complete formal name given to grant by funding source</small>
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PLEASE ATTACH COPY OF GRANT AWARD

Source of Funds

Where did the funding come from?

Did the funds come directly to the county from the federal government?

Did the funds pass through the State of Oregon or another organization before arriving at the county?

Grant Number:

If Federal Grant: CFDA Number

If State Grant: Number assigned by state funding source

Direct, federal government, dept of _____ CFDA: _____

Indirect, federal government, dept of _____ CFDA: _____
and State of Oregon, dept/division of _____

Indirect, federal government, dept of _____ CFDA: _____
and another entity or organization _____

Direct, State of Oregon, dept/division of _____

Indirect, State of Oregon, dept/division of _____
via another entity or organization _____

Other

John Henry Eldred Jr.
Foundation

Total Amount of Award: \$ 2,500

Is this a new grant?

Yes
 No

Match Requirement Amount

Yes
 No

How Much:

\$

Hard Dollar Match
 In-Kind (IDENTIFY below)

Is this a multiyear grant?

Yes
 No

IF Yes:

Amount Applicable to Current Budget Year:

\$

Payment Method:

Advance
 Reimbursement

Reporting Cycle

Monthly
 Quarterly
 Semi-Annual
 Annual

Grant Administrator:

Donald Allgeier

Accounting Contact:

Donald Allgeier