GRANT WORKSHEET		FY 2023 24 BUDGI	
Please check here if no salaries are			
funded by this grant. If the grant is			
funding all or part of an employees salary:	Funding Source (Code	
COMPLETE PAGE 2 OF THIS WORKSHEET		For Accounting Department use only	
County Fund & Dept Receiving Grant		Award Period:	
185 Library	1	Begin:	
		End:	
Common Name	Formal Name		
Kuler Fund	Dorothy Louise Kyler Fund		
Everyday name used within your department	Complete formal dame given to grant by funding so		
Everyday name used within your department	Complete formal same given to grant by funding so	burce	
PLEASE	ATTACH COPY OF GRANT AWARD		
Source of Funds		Grant Number:	
Where did the funding come from?	·	If Federal Grant: CFDA Number	
Did the funds come directly to the county from the federal governm		If State Grant: Number assigned by	
Did the funds pass through the State of Oregon or another organiz	zation before arriving at the county?	state funding source	
Direct fodorol covernment dont of			
Direct, federal government, dept of		CFDA:	
Indirect, federal government, dept of		CFDA:	
and State of Oregon, dept/division of			
	· · · · · · · · · · · · · · · · · · ·		
Indiant foderal covernment deut of		0584	
Indirect, federal government, dept of		CFDA:	
and another entity or organization			
Direct, State of Oregon, dept/division of			
	Normana Countrational		
Indirect, State of Oregon, dept/division of			
	And a second		
via another entity or organization			
		N	
		1 -	
Other	V Join Henry Eldre	L Jr.	
Other	v Join Henry Eldie	1 Jr	
Other	V Join Henry Elde Foundation	Л Jr.	
Other	V Join Henry Elde Found ation. Total Amount of Av		
	Total Amount of Av	222.00 - 2779	
Is this a new grant?	Total Amount of Av Match Requirement Amount	vard: \$ 2,500 Is this a multiyear grant?	
ls this a new grant? ∑ Yes	Total Amount of Av Match Requirement Amount Yes	vard: \$ 2,500	
Is this a new grant?	Total Amount of Av Match Requirement Amount Yes No	vard: \$ 2,500 Is this a multiyear grant?	
Is this a new grant? Yes No	Total Amount of Av Match Requirement Amount Yes	vard: \$ 2,500 Is this a multiyear grant? Yes No	
Is this a new grant? Yes No Payment Method:	Total Amount of Av Match Requirement Amount Yes No How Much: \$	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes:	
Is this a new grant? Yes No	Total Amount of Av Match Requirement Amount Yes No How Much: \$ Hard Dotlar Match	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes:	
Is this a new grant? Yes No Payment Method:	Total Amount of Av Match Requirement Amount Yes No How Much: \$	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to	
Is this a new grant? Yes No Payment Method: Advance	Total Amount of Av Match Requirement Amount Yes No How Much: \$ Hard Dotlar Match	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to	
Is this a new grant? Yes No Payment Method: Advance Reimbursement	Total Amount of Av Match Requirement Amount Yes No How Much: \$ Hard Dotlar Match	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to	
Is this a new grant? Yes No Payment Method: Advance Reimbursement Reporting Cycle	Total Amount of Av Match Requirement Amount Yes No How Much: \$ Hard Dotlar Match	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to Current Budget Year: \$	
Is this a new grant? Yes No Payment Method: Advance Reimbursement Reporting Cycle Monthly	Total Amount of Av Match Requirement Amount Yes No How Much: Hard Do!lar Match In-Kind (IDENTIFY below)	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to Current Budget Year: \$	
Is this a new grant? Yes No Payment Method: Advance Reimbursement Reporting Cycle	Total Amount of Av Match Requirement Amount Yes No How Much: \$ Hard Dotlar Match	vard: \$ 2,500 Is this a multiyear grant? Yes No IF Yes: Amount Applicable to Current Budget Year: \$	

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