



**BRAZOS COUNTY, TEXAS  
GRANT APPLICATION APPROVAL FORM**

Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Grant Title: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Grant Term (Beg/End): \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this grant fund salary & benefits?      Yes      No

Is there County Match requirement?      Yes      No

Are there financial reporting requirements?      Yes      No

Who will be reporting? \_\_\_\_\_

\*Please include all available backup documentation with the approval form. All grants are contracts between Brazos County and the granting agency and should be approved by Commissioners Court prior to the application submission.

Paul Martinez  
Authorized Signature

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Approved by Commissioners Court on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Commissioners Court Approval