

STATE OF UTAH GOPB BUDGET IMPACT FORM

1) Grant Title: _____

2) Federal Catalog Number: _____

3) State Application Identifier (SAI#): _____

3a) Previous SAI#: _____

4) Federal Funding Agency: _____

5) Grant Type (circle): New Reapplication Continuation Revision Supplemental

6) Description and Purpose of Federal Grant:

7) Was this grant submitted in your agency's budget proposal through the annual Federal Funds Request Summary Report? Yes No (If "Yes," answer 7a)

7a) What award and match amounts were approved for this grant?

8) Total Funding Sources

		(PLEASE PROVIDE EXPLANATION OF ALL MATCHES IN THE COMMENTS SECTION)							
		MATCHING STATE DOLLARS							
State Fiscal Year	Annual Federal Award	Other Matching Funds from Non-State Entities	General Fund	Dedicated Credits	Restricted Funds	Other (Write In)	In-Kind #15 (describe in #15)	Maintenance of Effort	Total Funds
FY 2009 Actual									
FY 2010 Authorized									
FY 2010 Supplemental									
FY 2011 Requested									

9) Percent of grant monies passed through to local governments/private entities: _____

10) Identify pass through recipient(s): _____

11) Will additional state monies be required to continue this program if this grant expires or is reduced? Yes No (if "Yes" explain in comments section or on a separate sheet)

12) Additional FTEs the grant requires: _____

13) Are these permanent FTEs? Yes No (if "Yes" explain in comments section or on a separate sheet)

14) What federal requirements must the state meet as a condition of receiving monies and what impact will these requirements have on policy? (use separate sheet if needed)

15) Comments:

16) Address of federal agency (for Governor's letter): _____
Circle if Not Required

17) Your Contact Information:

a) Department: _____	d) Contact: _____
b) Line Item / Division: _____	e) Phone #: _____
c) Program: _____	f) Date: _____