

**STATE OF UTAH GOPB BUDGET IMPACT FORM FOR NON-FEDERAL GRANTS**

1) Grant Title: \_\_\_\_\_

2) Grantor: \_\_\_\_\_

3) State Grant Identification (SGI#): \_\_\_\_\_

4) Annually apportioned:      Yes      No

5) Grant Type (circle):      New      Reapplication      Revision

6) Description and Purpose of Grant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7) Does this grant require you to complete an application from the grantor? (If yes, provided a copy of the application)      Yes      No

8) Total Funding Sources

(PLEASE PROVIDE EXPLANATION OF ALL MATCHES IN THE COMMENTS SECTION)

State Fiscal Year	Annual Grant Amount	Other Matching Funds from Grantor in Same FY	MATCHING STATE DOLLARS				In-Kind (describe in #15)	Maintenance of Effort	Total Funds
			General Fund	Dedicated Credits	Restricted Funds	Other (Write In)			
FY 2008 Actual									
FY 2009 Authorized									
FY 2009 Supplemental									
FY 2010 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 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 grantor:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17) Your Contact Information:

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