

**Fort Belknap Planning Department Grant Application Final Approval Form**  
(This form must be completed with all signature prior to Planning Assistance/submission of grant proposal)

Grant Requestor (Department):

Person Responsible for Grant:

Funding Opportunity Title:

Purpose of Grant:

Agency/Dept/Funder:   
 State  
 Federal  
 Private Foundation

Program Office:

Funding Opportunity No.:

CFDA No.:

Award Amount Available:

Project Period:

Application Deadline Date:

Type of Grant:  New Cooperative Agreement  
 Construction  Non-Construction

Continuation  
Indicate previous grant name and project period here:

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

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BUDGET REQUEST AMOUNT SOURCE

(This form requires signature of President, CAO/CFO **ONLY** if there is a CASH MATCH or IN-KIND)

CONTRIBUTION

(that impacts the tribal budget).

REQUESTED ASSISTANCE FROM  
 FBIC PLANNING DEPARTMENT:

- |                                                                                  |                                                                    |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Funding Research                                        | <input type="checkbox"/> Program Design                            |
| <input type="checkbox"/> Proposal Writing Assistance                             | <input type="checkbox"/> Budget Development                        |
| <input type="checkbox"/> Data Collection & Analysis<br>Presentation              | <input type="checkbox"/> Evaluation Plan<br>Development            |
| <input type="checkbox"/> Logic Model Development<br>Assistance                   | <input type="checkbox"/> Job Description<br>Development Assistance |
| <input type="checkbox"/> S.M.A.R.T. Goals & Objectives<br>Development Assistance | <input type="checkbox"/> Grant Writing Training                    |
| <input type="checkbox"/> New Grant Orientation,<br>including Financial Mgt       | <input type="checkbox"/> Mock Review                               |
| <input type="checkbox"/> No Cost Extension Assistance                            | <input type="checkbox"/> Grant Adjustment<br>Assistance            |
|                                                                                  | <input type="checkbox"/> Online Submission                         |

Program Director

Director/Tribal Planning

CAO/Central Admin

CFO/Finance

Fort Belknap President

Total Budget Request

Total Cash Match

Total In-Kind Contribution   
 (Indicate Value)

Total Indirect Cost

Total Project Cost