



HINDS COUNTY BOARD OF SUPERVISORS

Grant Applications/Proposals under the authority of the Hinds County Board of Supervisors Submission Process for All County Departments (Effective December 7, 2015)

ALL grants operating or proposed to operate under the authority of the Hinds County Board of Supervisors are ultimately the responsibility of the Hinds County Board of Supervisors; in turn, the Hinds County Board of Supervisors is accountable to the funding source(s). It is the intent of the Board of Supervisors to gain and maintain accountability of "ALL" Hinds County grants in one common-place to ensure appropriate measures are in place to process applications/proposals to federal, state, city, foundations and/ or other funding institutions for all funding opportunities under the authority of the Hinds County Board of Supervisors. To implement a plan of action to ensure that the process of making applications and deadlines are met; programmatic and fiscal performances are monitored; documentation of appropriate programmatic and fiscal reporting requirements are followed; criteria for securing fund reimbursements are met, completion of program/activity closeout reports, and all in a complete, adequate and timely manner; Hinds County Board of Supervisors has designated the Office of Human Capital Development (OHCD) to be the clearinghouse for these activities. The process of implementation of the plan of action to process grant applications/proposal submission by county departments under the authority of Hinds County Board of Supervisors is to utilize the following format:

- Identify the funding availability, the application process, and deadlines.
- Complete **Form A- Notice of Intent To Apply**. Submit a completed copy of **Form A** to the OHCD for all grants under the authority of the Hinds County Board of Supervisors as soon as it is determined that the County is eligible to submit an application/proposal and the county department desires to prepare an application/proposal for submission to a funding source. A completed **Form A** must be submitted to OHCD prior to application/proposal submission.
- An agenda item will be prepared by the OHCD to inform the Board of Supervisors of the department's **Intent to Apply**. Notification will be given to the department(s) to as to when the item will be placed on Board of Supervisors meeting agenda by the OHCD. (Please note that the Board of Supervisors meetings are held each 1st and 3rd Monday of each month). All agenda items will be prepared and submitted by the OHCD for inclusion on the board agenda by 12 noon on the 4th and 2nd Tuesdays of each week before the 1st and 3rd Mondays Board Meeting.
- Complete **Form B – Grant Application Submission**. A complete grant applications/proposal with all of the relevant attachments, budget, etc. should be provided to the OHCD for review and processing through the Legal Department and the Board of Supervisors, not less than **five (5) normal business days prior** to the formal submission to the funding agency along with **Form B** as a cover sheet to the full grant application/proposal. All authorized signatures will be that of the President of the Board of Supervisors, unless otherwise designated by the Board of Supervisors.



FORM A

NOTICE OF INTENT TO APPLY

FOR GRANT(S) UNDER THE AUTHORITY OF THE HINDS COUNTY BOARD OF SUPERVISORS (Effective December 7, 2015)

Date: _____

Name of Person Completing Form (Print): _____

Telephone Number: _____ Email: _____

County Department: _____

Type: ___ Application ___ Proposal ___ New ___ Continual/ Due Date: _____

Name of Funding Agency: _____

Contact Person: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Name of Proposed or Continual Project: _____

Brief Description of Proposed or Continual Project: (Attach additional sheets if needed) _____

Application/Proposal Due: _____ Period of Proposed or Continual Project: _____

Total Project Cost: _____ Grant _____ Cash _____ In-kind _____ Other _____

Actual Grant Request Amount: _____

Type of Payment: ___ Monthly Expenditures Reimbursement ___ Bank Drawn Downs ___ Cash Advance

Signature of Person Completing Form: _____ Date: _____

Received By: _____ Date: _____

Office of Human Capital Development Representative



FORM B

Cover Sheet for Grant Application/Proposal Package Submission to the Office of Human Capital Development for GRANTS UNDER THE AUTHORITY OF THE HINDS COUNTY BOARD OF SUPERVISORS (Effective December 7, 2015)

Project Title					
Name					
Initiating Department				Address:	
				Telephone:	
				Email:	
Implementing Department				Address:	
				Telephone:	
				Email	
Project Contact Person				Address:	
				Telephone:	
				Email:	
Type of Project	<input type="checkbox"/> Grant <input type="checkbox"/> Loan <input type="checkbox"/> Proposal <input type="checkbox"/> Contract Agreement <input type="checkbox"/> Congregational Appropriates <input type="checkbox"/> Memo of Understanding <input type="checkbox"/> Application <input type="checkbox"/> Other:_____				
<input type="checkbox"/> New Project		<input type="checkbox"/> Continuing Project			
Name of Funding Agency					
Type of Funding Source	Government: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other_____				
	Private: <input type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Association <input type="checkbox"/> Individual <input type="checkbox"/> Other:_____				
Submission Deadline	Electronic Submission Required	Yes	No	Project Start Date	Project End Date
Total Project Cost:	Grant Amount	Cash Match (Source)		In-Kind Match	% In-Direct Cost
Received By:					
_____		Signature		Date: _____	
OHCD Representative					
Date Grant Application Fully Process by OHCD and Submitted: _____					
<input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronically <input type="checkbox"/> Postal <input type="checkbox"/> Other: _____					
_____		Signature		Date _____	
OHCD Representative					