

Grant Project Status Worksheet

Name of Funder: _____

Type of Funder: State Corporate
 Federal County
 Foundation Other _____

Direct/Fiduciary

Indirect/Non Fiduciary

If Indirect, please complete the following:

Name of Funded Partner _____

MCC Share Requested _____

MCC Share Awarded _____

Name of Grant Project: _____

Status: In Development
 Pending
 Funded

Date Submitted: _____ Duration: _____

Start Date: _____ End Date: _____

Department: _____

Division: _____

Grant Contact Person: _____

Project Director: _____

Total Amount Requested _____

Total Amount Awarded: _____

MCC Match _____

Potential Positions Funded _____

Non Monetary Benefits _____

Name: _____

Phone #: _____

Date: _____

Please return to Judith Cawhorn at CM1117