|  |  |  |  |
| --- | --- | --- | --- |
|  | PRE-CONTRACT REQUEST FORM |  |  |
|  | Please complete and submit this form to your Grant Manager at GCC. | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | REQUEST DATE |  | PROJECT ID/PROJECT NAME | | | | | | | | | | | CONTRACTOR/AGENCY/COMPANY |  | CONTRACTEE/INDIVIDUAL | | | | | | | | | | |  | | | | |  |  | | |  | | | | | HOURLY RATE | | | | |  | RATE PER DAY NOT TO EXCEED | | | | | | | |  | | | | |  | | FEDERAL SHARE TO BE REIMBURSED | | | | |  | MATCH SHARE TO BE ALLOCATED | | | | | | | |  | | | |  | | | | | | | | | GRANT PERIOD DATES | | |  |  | | | | | | | | | | | | **SERVICE/SCOPE OF WORK:** | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | | | | | | | | | |  | | |  | | | | | | | | | | | |  | | |  | | | | | | |  | | |  | | | PROJECT DIRECTOR SIGNATURE/PRINT | | | | |  |  | |  | | | Date | | |  | | | | |  |  | |  | | |  | | | GOVERNOR’S CRIME COMMISSION USE ONLY | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |  |  | | | | | | | | Approved or Not Approved | | | | |  | AMOUNT APPROVED | | | | | | | |  | | | | | | |  | | |  | | | GRANT MANAGER SIGNATURE | | | | |  |  | |  | | | Date | | | |  |