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| --- | --- | --- | --- |
|  | 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 |

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