



PRE - CONTRACT REQUEST FORM

Complete and submit this form to your Grant Administrator. The Subrecipient must provide a contract draft with this request.

Agreement Description: _____	
Agreement ID: _____	Request Date: _____
_____ Contractor / Agency / Company	
_____ Contractee / Individual	
_____ Requested Hourly Rate	_____ Rate Per Day Not to Exceed
_____ Federal Share to be reimbursed	_____ Match Share to be allocated
_____ Grant Period of Performance	
_____ Scope of work / describe services:	

Program Director Signature

Date

GCC official use only	
<input type="checkbox"/> Approved	Amount Approved:
<input type="checkbox"/> Denied	Reason for denial:
Date:	Signature: