**WVNCC Grant Award Notification Form**

Payroll and Expenses

*Please complete the following form, attach a copy of the Grant Award Notification letter, and attach a separate salary plan to request a new organization and cost center for expense and payroll.*

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| **Grant Information** |
| Grant Name:  | Grant #:  |
| Grant Manager:  | Award Amount: |
| Start Date:  | End Date:  |
| Authorized Expenses: [ ] Equipment [ ] Professional Development [ ] Consultant [ ] Personnel [ ] Supplies [ ] Other |
| [ ]  Budget Access Requested | Name:Title: | Name:Title: | Name:Title: |
| **Personnel**  |
| Position 1 (Title):  | [ ]  FT [ ]  PT[ ] Adjunct [ ] Temp/Hourly | Fund:  | % Funded: |  [ ]  Per Year Grant [ ]  Per Period |
| Position 2 (Title):  | [ ]  FT [ ]  PT[ ] Adjunct [ ] Temp/Hourly | Fund:  | % Funded: |  [ ]  Per Year Grant [ ]  Per Period |
| Position 3 (Title):  | [ ]  FT [ ]  PT[ ] Adjunct [ ] Temp/Hourly | Fund:  | % Funded: |  [ ]  Per Year Grant [ ]  Per Period |
| Position 4 (Title):  | [ ]  FT [ ]  PT[ ] Adjunct [ ] Temp/Hourly | Fund:  | % Funded: |  [ ]  Per Year Grant [ ]  Per Period |
| Position 5 (Title):  | [ ]  FT [ ]  PT[ ] Adjunct [ ] Temp/Hourly | Fund:  | % Funded: |  [ ]  Per Year Grant [ ]  Per Period |
| ***Please attach separate sheet with salary plan and a copy of the Grand Award Notification Letter and return this completed form to the Business Office.***  |
| **Business Office** |
| Banner Department:  | Fund:  |
| Department Name:  | Budget Load ID:  |
| **HR/Payroll Office** |
| Payroll Cost Center:  |
| Cost Center Description:  |