**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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | |