**BOARD INFORMATIVE REPORT TRANSMITTAL FORM: REQUIRED FOR ALL NOTICE OF AWARDS**

Please complete all information listed to assure accurate reporting of awards for the DCCCD Board of Trustees. This cover sheet must accompany the Notice of Award and the initial operational budget for the grant. It does NOT replace the Dallas County Community College District, Part 1: Contracts & Grants Functional Area Form which designates the purpose of the award (institutional service, etc).

Contact Chachi Gomez for the current month deadline for submission 214-378-1551.

Individual completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_

Grant Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Manager Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agency making award: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a new award or is it an increase or decrease to an existing award? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a brief description of no more than three to four sentences of the purpose of this award: