IO NUMBER:

SAP INFO (FOUO):

CNIC N9 GRANT APPLICATION

PART I: GRANT REQUEST – COMPLETED BY POINT OF CONTACT; DIGITALLY SIGNED BY SITE MANAGER/DIRECTOR (EMAIL TO REGION)			
INSTALLATION		REGION	
GRANT EXECUTION POINT OF CONTACT		POC EMAIL	
POC COMMERCIAL PHONE (include area code)		POC DSN PHONE	
GRANT PROGRAM SPONSOR			
GRANT EXECUTION TYPE			
GRANT INITIATIVE TITLE			
PROJECTED EXECUTION TIMELINE			
		GRANT REQUEST AMOUNT	
FIELD COMPANY CODE		FIELD NON-UFM COST CENTER	
GRANT JUSTIFICATION: (For what are you requesting the grant? Include information required by grant announcement if this is for a specific Headquarters initiative grant.)			
I have reviewed Parts I, IA, and IB as applicable and submit such as complete and correct.			
SITE MANAGER/DIRECTOR DIGITAL SIGNATURE			Email Grant Request and backup documents to your Region for endorsement.

PART II: REGION ENDORSEMENT – COMPLETED BY REGIONAL SUPPORT OFFICE (EMAIL TO HEADQUARTERS PROGRAM MANAGER)			
REGIONAL ENDORSING AUTHORITY		REA EMAIL	
REA COMMERCIAL PHONE (include area code)		REA DSN PHONE	
I have reviewed Parts I, IA, and IB as applicable and submit such as complete and correct.			
REGIONAL ENDORSING AUTHORITY DIGITAL SIGNATURE			Email Grant request and backup documents to HQ Program Manager as directed in grant announcement.

PART III: GRANT APPROVAL – COMPLETED BY HEADQUARTERS PROGRAM MANAGER (USE "SUBMIT BY EMAIL" BUTTON)			
APPROVAL STATUS		PRE-APPROVED AMOUNT	
		TRANSFER AMOUNT	
GRANT TYPE		FUNDING TYPE	
GRANT CATEGORY		GRANT TERMS	
COMPANY CODE		COST CENTER	
SAP REFERENCE NAME		GRANT EXPIRATION DATE	
NOTES:			
HEADQUARTERS PROGRAM MANAGER DIGITAL SIGNATURE			

IO NUMBER:

SAP INFO (FOUO):

PART IA: TRAINING/TRAVEL GRANT INFORMATION		
NAME OF TRAINEE/TRAVELER(S)		
LOCATION OF TRAINING/TRAVEL		
DATES OF TRAINING/TRAVEL (MM/DD/YYYY)	START DATE:	END DATE:
TRAINING COURSE/REASON FOR TRAVEL		
THIS TRAINING/TRAVEL HAS BEEN APPROVED THROUGH AUTHORIZED APPROVAL AUTHORITY		
THE TRAINING/TRAVEL HAS ALREADY TAKEN PLACE		
BELOW COSTS ARE		
REGISTRATION FEE	TRAVEL & PER DIEM (including transportation expense)	
COMMENTS:		

PART IB: ENTERTAINMENT GRANT INFORMATION			
ENTERTAINMENT ACT			
BOOKING AGENT			
COST OF LIVE ENTERTAINMENT (Requests may be up to 50% of this total, not to exceed $2,500)			
TARGET AUDIENCE:		FORECASTED ATTENDANCE:	
ITEMIZED NAF BUDGET FOR EVENT: Include total planned expenses and estimated income from all sources.			
EXPENSE ITEM	COST	INCOME TYPE	REVENUE
TOTAL EXPENSES:		TOTAL INCOME:	
PROJECTED PROFIT/<LOSS>			

IO NUMBER:

SAP INFO (FOUO):

CNIC N9 GRANT AFTER ACTION REPORT

PART IV: COMPLETED BY GRANT POC; DIGITALLY SIGNED BY SITE MANAGER/DIRECTOR (EMAIL TO REGION)			
ACTUAL ATTENDANCE (for Entertainment and other applicable grants)			
GRANT PURCHASES BY VENDOR: (Include purchases against grant IO number and/or pre-approved grant elements.)			
PO NUMBER (if applicable)	VENDOR	GENERAL DESCRIPTION OF ITEMS PURCHASED	EXPENSE
TOTAL EXPENDITURES AGAINST GRANT/IO# .			
TOTAL GRANT PRE-APPROVED		TOTAL GRANT RECEIVED	
UNDER EXECUTION/<OVER EXECUTION> OF GRANT RECEIVED			
REQUEST:			
FIELD COMPANY CODE		FIELD NON-UFM COST CENTER	
WHAT IS/WAS THE MEASURABLE IMPACT ON PROGRAM CAPABILITY AND/OR CUSTOMER ENGAGEMENT AND OTHER INFORMATION REQUESTED BY HEADQUARTERS PROGRAM MANAGER:			
I have reviewed Part IV and submit such as complete and correct.			
SITE MANAGER/DIRECTOR DIGITAL SIGNATURE:			Email Grant Request and backup documents to your Region for endorsement.

PART V: COMPLETED BY REGIONAL SUPPORT OFFICE (EMAIL TO HEADQUARTERS PROGRAM MANAGER)		
I have reviewed Part IV and submit such as complete and correct.		
REGIONAL ENDORSING AUTHORITY DIGITAL SIGNATURE:		Email Grant request and backup documents to HQ Program Manager as directed in grant announcement.

PART VI: COMPLETED BY HEADQUARTERS PROGRAM MANAGER (USE "SUBMIT BY EMAIL" BUTTON)		
ACTION:		
COMPANY CODE		COST CENTER
SAP REFERENCE NAME		
NOTES:		
HEADQUARTERS PROGRAM MANAGER DIGITAL SIGNATURE		