

ORDINANCE NO. 2025-09

AN ORDINANCE FOR THE APPROVAL AND ADMINISTRATION POLICY FOR GRANTS
OF PULASKI COUNTY

WHEREAS, the County of Pulaski, Indiana, is an Equal Opportunity Employer and it intends to comply with applicable federal and state of Indiana employment laws and regulations; and

WHEREAS, the County of Pulaski, Indiana, is implementing a grant approval and administration policy which to requires all elected office holders and department heads to notify the Pulaski County Commissioners and Pulaski County Auditor of grant applications that would involve the Auditor and administration of those grants; and

WHEREAS, the adoption of this ordinance provides the opportunity for the Pulaski County Board of Commissioners and the Pulaski County Council to determine if the approval of the requested grant application included the hiring of additional employees or involved the use of matching funds;

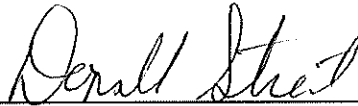
NOW THEREFORE, BE IT ORDAINED AND ESTABLISHED BY THE BOARD OF COMMISSIONERS, PULASKI COUNTY, INDIANA THAT;

1. The attached Pulaski County Grant Approval and Administration Policy is hereby adopted and shall be in full force and effect from and after its adoption by the Commissioners and shall supersede and repeal existing oral or written policies and procedures.
2. All elected officers and department heads must complete the request for grants form attached hereto if the grant requires administration of grant funds by the Pulaski County Auditor, potentially adds personnel expenses for the county, or requires the use of county matching funds.

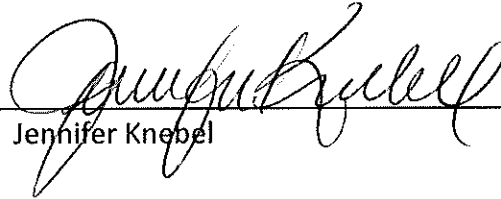
3. Grants submitted by elected officials and department heads that do not involve additional personnel expenses or the need for matching funds and that are part of the department's regular funding source are exempt from prior approval by the Board of Commissioners and by the Pulaski County Council.
4. All grants are subject to Pulaski County's Internal Controls and Procedures policy.

ADOPTED this _____ day of _____, 2025.

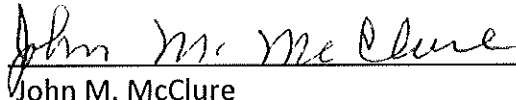
BOARD OF COMMISSIONERS
PULASKI COUNTY, INDIANA



Donald Street, President

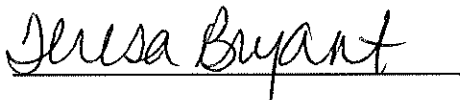


Jennifer Knebel



John M. McClure

ATTEST:



Teresa Bryant, Auditor

Pulaski County Grant Approval and Administration

Policy

General Information

This policy was adopted by the Pulaski County Commissioners and shall be in force and effective immediately. The following general information needs to be addressed when applying for Federal and State of Indiana grants on behalf of Pulaski County:

1. Statement of grant terms and conditions
 - a. Employee Requirements
 1. Space
 2. Tools
 3. Salary
 4. Benefits
 5. Training
 - b. Time Period
 1. Start Date
 2. End Date
 - c. Obligations
 1. Does the award require employment of additional personnel?
 2. Does the award amount require matching funds?
 3. What conditions does the Grant require, how do these conditions impact the County?
2. Does the grant meet a need within the County?
3. Who will administer the grant and will an administration fee be charged?

Pre-Approval Policies

1. All departments are required to complete a request to apply for Grants (see attached) In advance of submitting a grant application.
2. All departments shall notify the Commissioners, Council, and Auditor that a grant is being considered with as much advance notice as possible.
3. If a grant includes potential additional personnel, the potential personnel expenses need to be estimated.
4. If a grant includes potential additional personnel, a proposed Job Description needs to be submitted.
5. The proposed position needs to be classified *within County's existing system.*
6. *Council approval of grant compensation must be obtained in advance of submitting grant applications.*

Grant Approval:

1. If the grant is awarded, the grant document and contract should be forwarded to the Auditor to review using the attached checklist.
2. **Before a contract is executed the County Attorney, Auditor, Commissioners, and Council or designee shall review the grant requirements to evaluate the County's liability exposure.**
3. The Department will be notified of decision and/or recommendations regarding the grant request.
4. The Auditor shall maintain a comprehensive list of approved or denied grants and contracts.

Employment

Grant employees may be full or part-time. Employment is conditioned on grant funding, and in the event that grant funds are not available to fund the position or contract, the position and the employee shall be terminated, unless otherwise stipulated by the grant and authorized by the County Council. Grant employees may be eligible for County Benefits providing the funding is provided by the applicable grant.

Request to Apply for a Grant

Date:		
Department:		
Name:		
Position:		
Contact Info:		
Grant Due Date:		
Grant Name & Funding Agency		
Grant Summary:		
Request Received by Auditor	on	by
Copied to Commissioners	on	via
Copied to Council	on	via
Copied to County Attorney	on	via
Authorized to Proceed with Grant Application	on	by
Authorized to Proceed with Grant Application	on	by

DESCRIPTION	Paid by Grant	Paid by County	N/A
Salary			
INPRS			
Social Security (wage x 6.20%)			
Medicare (wage x 1.45%)			
Who will cover unemployment expense?			
Who will cover worker's compensation insurance?			
Employer's Share of Insurance Coverage			
Dental			
Vision			
Supplemental Pay			
Insurance Expense over Excess Loss			
What tools will the Grant require?			
Training Expense?			
Personal Computer, Software, Internet and Email			
Vehicle/Fuel			
Does the Grant require matching funds?			
What is the Grant start date?			
When does the Grant expire?			
Can a Grant administration fee be charged?			

Grant Summary

Local Project Name _____

Award Number _____

Award Name _____

Award Method **Advanced/Reimbursement/Other*(see note)**

Fund Name/Number _____

Initiating Office/Department _____

Contact Person Name _____

Contact Person Phone _____

Contact Person E-Mail _____

Pass-Through Agency _____

Contact Person Name _____

Contact Person Phone _____

Contact Person E-Mail _____

Federal Grant? **Yes/No**

Federal Agency _____

Federal Program/Project Title _____

CFDA Number _____

Passed to Subrecipients **Yes/No**

Notes _____

*noncash, loan, income