STATE OF CALIFORNIA
DEPARTMENT OF FINANCE
DF-24 (4/97)

FEDERAL GRANT REQUEST

Date: _____

I. Department_____ II. Program_____

III. Grant Title_____ IV. Application Amount_____

V. Brief Description: (Please attach a copy of the federal register.)

_____

_____

_____

VI. Budget Impact:	Yes	No
1. Is this a new activity not included in the budget?	❑	❑
2. Has this activity ever been denied by the Administration or the Legislature?	❑	❑
3. Is this a sensitive policy issue?	❑	❑

VII. If the answer to any of the above is yes, please explain below and send to DOF for approval.

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VIII. Approvals:

_____ _____
Department Director Approval Agency Secretary Approval

_____
Department of Finance Approval