| **STATE OF CALIFORNIA****FEDERAL GRANT REQUEST**  DF-24 (REV 03/97) |
| --- |
|  | date      |
| DEPARTMENT      | PROGRAM      |
| Grant Title      | **Application amount**      |
| brief description: *Please attach a copy of the federal register*.      |
| budget impact: | **YES NO** |
|  is this a new activity not included in the budget? | [ ]  [ ]  |
|  has this activity ever been denied by the Administration or legislature? | **[ ]  [ ]**  |
|  Is this a sensitive policy issue? | **[ ]  [ ]**  |
| IF THE ANSWER TO ANY OF THE ABOVE IS YES, PLEASE EXPLAIN BELOW AND SEND TO dEPARTMENT OF FINANCE FOR APPROVAL.      |
| APPROVALS: |  |  |
| DEPARTMENT DIRECTOR APPROVAL | AGENCY SECRETARY APPROVAL | DEPARTMENT OF FINANCE APPROVAL |