Please complete the spreadsheet on the next tab to the best of your ability.
The information below is intended to provide some general instructions on how to complete the spreadsheet.

Column Name	Details on information to provide
JFC Approval Number	If recently approved by JFC; the JFC Number
ALN/CFDA Number	Current ALN Number
Name of Funding Source	Official Grant Name
Short Name	Unofficial title of the grant. E.g., "Medical Assistance Program" is colloquially referred to as Medicaid
Type of Grant?	Choose From: 1) Competitive Grant 2) Formula Grant 3) Block Grant 4) Categorical Grant
State Match Required?	Choose: Yes or No
State Match Rate	If state match is required, what is the state vs federal share in %
Source of State Funds	If state match is required what is the source of state match
End Date	The end date of the grant, if there is one
Total Amount budgeted in FY 2026	Total amount budgeted in FY 2026
PS	Break down by Major object
OE	Break down by Major object
Grants	Break down by Major object
FTEs	Number of FTEs supported by the Grant
Who are the Subrecipients?	A brief description of subrecipients of the funds
Entitlement?	Is this funding stream considered an entitlement?
Risk of these funds going away?	Rank if you think these funds are currently at risk of going away. Choose: High Risk, Medium Risk, Low Risk.

If you have any questions please reach out to Maria Blair at the Joint Fiscal Office
mblair@leg.state.vt.us