

STATEMENT OF POLICIES

NAME OF ORGANIZATION: _____

Grant # _____

Please state your policy for the listed items.

- **Travel:** We currently reimburse elected officials and/or employees at the rate of \$_____.
\$0.xx per mile
- **Personnel:** All personnel are hired by the _____
Superintendent/judge/mayor/director
- All positions are announced stating the title and pay ranges for each position. All announcements of a position state “An equal Opportunity Employer M/F/D”
- **Financial:** The financial records are managed by _____,
Please state name
Financial Officer, and are kept in the office of the _____
_____ located at _____.
Superintendent/county judge/mayor/director Please give address
- **Property:** _____ is responsible for all equipment and property
Please state name
in our possession and an inventory is conducted at least annually.
- **Procurement:** We request bids for any item over \$ _____.
Please insert dollar amount

Signature _____

Date _____

Title _____