



Torrance County Job Description

Job Title: Grant Coordinator/Writer
Department: Finance

Reports To: Finance Director
FLSA Status: Non-Exempt

Summary Researches, develops and submits grant applications to federal, state, and private sources to support County projects and programs, and assists County departments with planning, record keeping, and reports. Works with County Departments regarding grant opportunities, and conducting the research and actually writing and submitting the grant applications; and tracks and submits mandatory reporting for all grants; including those obtained through State Capital Outlay.

Essential Duties and Responsibilities include the following. Other duties may be assigned.

- Reviews literature dealing with funds available through grants from governmental agencies and private foundations to determine feasibility of developing programs to supplement local annual budget allocations.
- Discusses program requirements and sources of funds available with administrative personnel.
- Confers with personnel affected by proposed program to develop program goals and objectives, outline how funds are to be used, and explain procedures necessary to obtain funding.
- Writes grant applications according to format required, and submits application to funding agency or foundation.
- Works with fiscal officer in preparing narrative justification for purchase of new equipment and other budgetary expenditures.
- Meets with representatives of funding sources to work out final details of proposal.
- Submits proposal to officials for approval.
- Directs and coordinates evaluation and monitoring of grant funded programs, or writes specifications for evaluation or monitoring of program by outside agency.
- Assists department personnel in writing periodic reports to comply with grant requirements.
- Maintains master files on grants.
- Monitors paperwork connected with grant funded programs.
- Works with EVEDA to advance economic development in the County.

Qualifications

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and/or Experience

A minimum of four (4) years of college with a degree in political science, business administration, public administration or related fields, or in the alternative, four years professional experience in grants or budgeting work, preferably with a local government, or an equivalent combination of experience, education or training.

Language Skills

Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Mathematical Skills

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Ability to apply concepts of basic algebra and geometry.

Reasoning Ability

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Certificates, Licenses, Registrations

Valid NM Driver's License

If substituting experience for college degree, you must provide all applicable certificates.

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Work Environment

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Disclaimer: Nothing in this job description restricts management’s right to assign or reassign duties and responsibilities to this job at any time.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

EMPLOYEE DECLARATION:

I have read the above position specifications. I understand the demands and expectations of the position described and, to the best of my knowledge, believe I can perform these duties

Printed Name

Signature

Date



TORRANCE COUNTY

P.O. BOX 48, 205 Ninth Street, New Mexico 87016

Phone: 505.544.4757, Fax: 505.384.5294

www.torrancecountynm.org

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, or the presence of a medical condition or disability (unless a bona fide occupational qualification for position).

NAME - Last	First	Initial	Home Phone:
ADDRESS - Street	Mailing		Business or Message Phone
City	State	Zip Code	Please list any different name you have used for school or employment

EACH POSITION YOU APPLY FOR REQUIRES A SEPARATE APPLICATION

POSITION APPLIED FOR - Give exact title.

1. Title			
2. Do you have a valid NM driver's license?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:	Commercial Driver's License ?: Yes <input type="checkbox"/> No <input type="checkbox"/> Class:	
3. Sheriff/Dispatch Applicants only: Have you been convicted of a felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain and provide dates:			
4. Have you previously worked or do you now work for Torrance County? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide dates: Employment records for former and current County employees will be made available to hiring officials upon request.			
5. Does Torrance County employ any relative of yours? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, (1) Name: _____ (2) Name: _____ Relationship: _____ Relationship: _____			

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.

Attach a copy of your diploma, degree or appropriate transcripts to each application.

Type or print in dark ink. Copies are acceptable if each is clear, has an original signature, correct job title and contains required notarization and attachments. **DO NOT** submit a résumé in lieu of this application. Read the job specifications carefully for the position for which you are applying. Note the skills and knowledge required for the position and assure that you meet the minimum qualifications set forth on that announcement. Carefully complete each block of the Employment History section to fully describe your work or volunteer experience. Your qualification for a position will depend on your description of previous experience and its relevance to the position you are seeking.

NAME - Last	First	Initial
EDUCATION, LICENSES, CERTIFICATIONS Check (✓) and fill in appropriate areas		High School Graduate/GED Certificate? Yes No ATTACH A COPY OF DIPLOMA OR CERTIFICATE
<input type="checkbox"/> Vocational/Technical	Hours Completed	<input type="checkbox"/> Business College
<input type="checkbox"/> School - Major Field		<input type="checkbox"/> Major Field

COLLEGE OR UNIVERSITY

UNDERGRADUATE	GRADUATE
School(s)	School(s)
Major Field(s)	Major Field(s)
Degree Earned	Degree Earned
Date of Degree	Date of Degree

LICENSE OR CERTIFICATE

1. License/Certificate issued by				2. License/Certificate issued by			
Field/Trade Specialization	Number	Date Issued	Exp. Date	Field/Trade Specialization	Number	Date Issued	Exp. Date

NOTE: You MUST SUBMIT required documents (copy of transcript, license, certificate) with each application.

State any additional information you feel may be helpful to us in considering your application:

SHERIFF AND/OR DISPATCH APPLICANTS ONLY	
Are you age 21 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Number _____	Driver's License Number _____ State _____
Are you willing to submit to a full background investigation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to a drug and alcohol screening? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to submit to psychological testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to undergo various physical agility tests and submit to a full physical examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently or have you been previously certified?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, list agency: _____	

EMPLOYMENT HISTORY - A résumé will not be accepted in lieu of the employment application. Begin with current or most recent job or volunteer experience and work back. If more than one position has been held with the same employer, list each separately. Describe each different assignment in military service. Under "DUTIES" describe your job in sufficient detail so that we can determine not only your tasks, but the level of responsibilities.

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? YES NO

If NO, explain: _____

1	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA YEARS MONTHS

2	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA YEARS MONTHS

3	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA YEARS MONTHS

List three professional references (Other than former employers or relatives) List Only those you will permit us to contact.

NAME	ADDRESS	PHONE	PROFESSIONAL RELATIONSHIP
1.			
2.			
3			

SIGNATURE - Please read before signing

I hereby certify that this application contains no willful misrepresentation(s); and that should any investigation disclose misrepresentation or falsification, my application will be rejected; my name removed from consideration for employment and I may be dismissed if employed. I hereby authorize Torrance County to investigate the information contained herein and contact those previous employers I have approved.

Sign Here in Ink

Date

THE SELECTION PROCESS. Upon the closing date of the announcement, the Human Resources Office will review all applications received to determine if applicants meet the minimum qualifications for the position. The qualifying applications are then delivered to the selecting official(s) for selection of interviewees. If you are selected for an interview, you will be contacted by the Human Resource Office. After all interviews have taken place and an applicant has been offered and accepted the position, the remaining applicants will be contacted by telephone or letter to be informed that the position has been filled.

CONTINUATION SHEET FOR EMPLOYMENT HISTORY

	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA
				YEARS MONTHS

	Employer's Name	Kind of Business	From (Mo/Yr)	To (Mo/Yr)
Employer's Address		Street/Mailing		Supervisor's Name and Telephone Number
Your Job Title		Check (✓) one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week: _____		Current or Last Hourly Pay \$
If you supervised employees, indicate number and give dates # From (Mo/Yr) To (Mo/Yr)			Place of employment (City and State) if different from employer's address	
Duties:				
Reason for Leaving:				DO NOT WRITE IN THIS AREA
				YEARS MONTHS



**FAIR CREDIT REPORTING ACT
DISCLOSURE STATEMENT**

Employment or Insurance Purposes

Torrance County, when considering your application for employment or insurance, when making a decision whether to offer you employment or insurance, when deciding whether to continue your employment or insurance, and when making other decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency”. These terms are defined in the Fair Credit Reporting Act (“FCRA”), which applies to you. You are a “consumer” with rights under the FCRA.

A “consumer” is an individual.

A “consumer reporting agency” is any person or business which for monetary fees, dues, or on cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others, and which uses any means or facility of interstate commerce for the purpose of preparing or furnishing “consumer reports”.

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected, in whole or in part, for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes or other purposes authorized under the FCRA.

If Torrance County obtains a “consumer report” about you, and if, based on any information in the consumer report, Torrance County makes a decision for employment, insurance or credit purposes that directly and adversely affects you, you may be provided with a copy of the “consumer report”. You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies”.

Torrance County has contracted with SAMBA Holdings, Inc. to provide records. SAMBA furnishes information as available from state and national agencies. SAMBA does not issue an opinion on the information provided, or participate in any action or decision based on the information provided. SAMBA may be contacted in writing concerning a consumer report about you:

In writing:

SAMBA Holdings, Inc.
1730 Montaño NW Suite F
Albuquerque, NM 87107

By phone:

1-800-947-2622

RELEASE OF INFORMATION FORM

Applicant: I give all prior employers permission to release to Torrance County information in my personnel file regarding the following areas of my previous employment.

[Please specify some or all]

- | | | |
|--|---|--|
| <input type="checkbox"/> Date of Hire | <input type="checkbox"/> Date of Termination | <input type="checkbox"/> Beginning Salary |
| <input type="checkbox"/> Ending of Salary | <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Tardiness |
| <input type="checkbox"/> Vacation Time | <input type="checkbox"/> Sick Leave Time | <input type="checkbox"/> Leave Without Pay |
| <input type="checkbox"/> Performance Evaluations | <input type="checkbox"/> Disciplinary and Termination Records | |
| <input type="checkbox"/> Workers' Compensation Leave | | |

I hereby release and discharge all prior employers from all claims or actions for loss, liability, damage, or expense which I now have or which may hereafter arise from the making of any inquiries about me or the furnishing of any information about me in connection with my application for employment with Torrance County.

Printed Name: _____ Date: _____

Signature: _____



Public and Private Record Release
Employment or Insurance Purposes

The Fair Credit Reporting Act (FCRA) allows Torrance County to gain access to Public and Private records with my permission for employment or insurance purposes.

By signing this release:

I hereby give permission to Torrance County to investigate my driving and/or criminal history for purposes allowable under the FCRA.

I understand that my eligibility for employment and/or continued employment is contingent upon Torrance County gaining access to these records.

I confirm that I have read and understand the "Fair Credit Reporting Act Disclosure Statement" provided to me by Torrance County.

I authorize Torrance County to periodically receive these records, and such authorization will remain in effect for one year or for the duration of my relationship with Torrance County, whichever period is longer.

Signature, Date, Social Security Number (For Criminal Records Only), Printed Name (as it appears on drivers license), Driver License Number, Date of Birth - Month/Day/Year, Circle Gender M or F

SUBSCRIBED AND SWORN BEFORE ME THIS

DAY OF, 20

NOTARY PUBLIC

My commission expires: , 20

(Seal)



Request for Background Check

Account #013415

Social Security Number

--	--	--	--	--	--	--	--	--	--

Date of Birth

MONTH		DATE		YEAR					

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					[]
					[]
					[]
					[]
					[]

Driver's License Number	State of Issue

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Torrance County ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Universal Background Screening, Inc., Post Office Box 5920, Scottsdale, AZ 85261, 1-877-263-8033, www.universalbackground.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature

Date