



HOWARD COUNTY PUBLIC SCHOOLS
PURCHASING DEPARTMENT

10910 Clarksville Pike
Ellicott City, MD 21042
(410) 313-6644

GRANT CARD (GCARD) REQUEST FORM (updated 8/1/2024)

Request Date: _____ New Card or Update to Existing Card? _____
(If update to existing card, please provide last 4 digits of card in space above.)

SECTION 1: Cardholder Information*

First Name: _____ Middle Name/Initial: _____ Last Name: _____

Job Title/Position: _____

HCPSS School or HCPSS Division/Office/Department: _____

Work Location Address: _____ City & Zip: _____

Work Desk Phone #: _____ Work Cell (if any): _____ Personal Cell: _____

Employee ID: E- _____

LEGAL NAME**: _____ Date of Birth** (mm/dd/year) _____
First Middle Name Last

Do you currently hold any other HCPSS purchase cards in your name (including P-cards, S-cards, or G-Cards)?
If so, please list the card type (P-card, G-card or S-card), the last four digits of the card, and the reason you hold the card (another grant program, school account, etc.) _____

SECTION 2: THIS SECTION TO BE COMPLETED BY THE GRANT MANAGER

Workday Account Information (for the grant to be associated with the card)

Grant Year & Title: _____

Grant Number: _____

Card Restrictions

Cutoff Date (Grant End Date)

Card Overall Limit \$ _____

Single Transaction Limit: \$ _____

Grant Manager Name (Print): _____

Name of Supervisor of the Card Holder (if different from Grant Manager): _____

Signature of Grant Manager: _____ Date: _____

Signature of Supervisor (if Grant Manager will be the card holder) _____ Date: _____

INSTRUCTIONS: The HCPSS employee seeking to become the **Card Holder** completes Section 1. Then the **Grant Manager** completes Section 2 and signs this form (electronic signature or print/sign/scan). **If the Grant Manager will be the card holder, then their Supervisor must also sign this form.** Form must be emailed to the HCPSS Grants Administrator, Annette Bartlett, at: Annette_Bartlett@hcpss.org.

For grants-related questions, call or email Annette (410-313-2518). For purchasing questions or card-related questions, contact the HCPSS Office of Purchasing, Eileen Arnold, Purchasing Technician.

*Note: This information will be printed on the G-Card.

Note: To comply with United States Secrecy Act and USA Patriot Act, as well as with Canada's Process of Crime (money laundering), and Terrorist Financing Act and Criminal Code in the fight against the funding of terrorism and money laundering activities, US Bank is requiring HCPSS to provide them with your **FULL LEGAL NAME (first, middle, last) and your **DATE OF BIRTH** (month/day/year).