

## **Grant Proposal Overview Cover Sheet**

Grant Title:		
Submitting Department:		
Department Head:		
Grant Administrator:		
Grant Administrator Title:		
Grant Prepared by:		
Telephone Number:	E-mail:	
Date:	Council Agenda Item No.	Budget Division Only

**Agenda Statements (**to include the following**)**. *Please provide on a separate sheet:* 

<u>Purpose/Background</u>: This section should provide a summary of the issue before the Council to include any past history that is pertinent to the subject.

<u>Discussion</u>: This section should include information such as the benefit to the community, financial implications/costs to the City, funding sources and where it is budgeted if applicable. Alternatives considered along with pros/cons of alternatives should also be highlighted where appropriate.

<u>Impact</u>: This section to describe how the action requested relates to Council policy initiatives, including but not limited to the Strategic Plan elements of the Community Plan, master plans, etc.

A completed grant packet is required for each grant item being placed on the City Council agenda. The Grant Packet is designed to provide an overview of sufficient information from which the City Council, along with the City Manager's Office-Budget Division and Finance Department can make a decision concerning the grant.

If you have any questions about the grant acceptance process, please contact Lori Green or Vahid Dejwakh in the City Manager's Office-Budget Division at (757) 727-6377.



## **Grant Packet for City Council Agenda**

Grant little:				
1. Name of A	Awarding Agenc	y:		
2. Name of S	Sub-recipient (if a	applicable):		
	ot, why?		ent Attached? Yes (	
	<b>Dbligations</b> : This gr		· · · — • — •	g funds/contributions. If cash or in-kind, or both.
✓	Required Matchir	ng Funds/Contributio	ns	
Amou	nt: Cash \$		In-Kind \$	
✓	Non-Required Ma	atching Funds/Contri	butions	
Amou	nt: Cash \$		In-Kind \$	
obligations fo Manager's Of be attached C. <b>Resource</b> (and/or service)	r the City beyond fice-Budget Division to this grant packed Dibligations: This p	the grant period. If it on estimating future matet.  proposal will () will be City. If it will, summate	will, an authority mematching requirements are not () require spec	ommitments or financial norandum from the City nd the time period must cial facilities, equipment separate memorandum



## **Grant Packet for City Council Agenda**

Grant Title:
4. Sources of Grant and Matching Funds:
Please identify the funding source of your grant and any required or non-required matches.
For Federal grants, please provide the Federal Catalog Number (CFDA) and the grant number.
For State grants, the grant number must be supplied.
<ul> <li>All grant matches must be supplied by the submitting department, unless they have historically received a contribution/match from the City's Matching Funds Pool or a special arrangement has been made with the City Manager's Office-Budget Division.</li> </ul>
<ul> <li>If another City department, other than the submitting department, will be providing a funding or in-kind match, documentation to that effect must be submitted along with this grant packet.</li> </ul>
a. Source of Grant Funds (Please check all that apply.)  Federal \$ Federal Catalog No Federal Grant No State \$ State Grant No State Grant No Foundation \$ Frivate \$ Frivate \$ State Grant No Foundation \$ Frivate \$
b. Source of Matching Funds* (Please check all that apply.)
Department:
5. Grant Award Letter  Grant Period? From: To:
Is the award letter provided? Yes () No ()



## **Grant Packet for City Council Agenda**

Proposed Budget:	Grant Total		ment-Match In-Kind		flatche(s)
Personnel Svcs Operating Exp. Capital Outlay Column Totals  Grand Total:	Grant Total		<del>.</del>		
Personnel Svcs Operating Exp. Capital Outlay Column Totals  Grand Total:	Grant Total		<del>.</del>		
Personnel Svcs Operating Exp. Capital Outlay Column Totals  Grand Total:	Grant Total		<del>.</del>		
Personnel Svcs Operating Exp. Capital Outlay Column Totals  Grand Total:	Grant Total	Cash	In-Kind	Cash	In-Kind
Operating Exp. Capital Outlay Column Totals  Grand Total:					
Capital Outlay Column Totals  Grand Total:					
Column Totals  Grand Total:					
Grand Total:			i l		
	ents:				