



Grant Proposal Overview [Form #1]

PLEASE NOTE:

Completed "GRANT PROPOSAL OVERVIEW" Form **must** accompany Grant Routing Sheet.

Grant Title: _____

1. **PRIMARY OR SUB-AWARD:** Application will be submitted to () the agency that is the primary source of funding (City = Primary Awardee); () to an agency that has received the funds from another awarding agency (City = Sub-Awardee).

If the City is a Sub-Awardee, the agreement between the Primary Awardee and the agency to which the City is making application must be attached to this Overview.

2. **GRANT AWARD PERIOD:** If awarded, funds are expected to be received: () in the current fiscal year only; () in the current fiscal year and the future fiscal year(s) of _____ or () in the future fiscal year(s) of _____.

3. **PREVIOUS APPLICATIONS:** (Not including the current application) This grant was previously applied for during _____ fiscal year(s); and was previously awarded during _____ fiscal year(s).

If previously awarded, provide all prior agenda items numbers and dates of Council approval.

4. **BACKGROUND/PURPOSE:** _____

5. **TYPE OF GRANT EXPECTED TO BE AWARDED:**

Cash Amount \$ _____

Non-Cash (Describe): _____

6. FINANCIAL OBLIGATIONS:

a. **Current Financial Obligations:** This grant will () will not () require matching funds/contributions. If so, please indicate in the space below the amount and whether the match is cash or in-kind, or both.

Required Match – CASH

Required Match – IN KIND

Amount: Cash \$ _____

*Value of In-Kind \$ _____

* Description: _____

b. **Future Financial Obligations:** This proposal will () will not () incur commitments or financial obligations for the City beyond the grant period. If it will, an authority memorandum from the City Manager’s Office-Budget Division estimating future matching requirements and the time period must be attached to this Overview.

c. **Resource Obligations:** This proposal will () will not () require special facilities, equipment and/or services provided by the City. If it will, summarize arrangements in a separate memorandum and attach to this Overview.

7. 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.
- 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.
- 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.

Federal \$ _____
 Pass Through \$ _____
 State \$ _____
 Foundation \$ _____
 Private \$ _____

Federal Catalog No. _____
 Federal Grant No. _____
 State Grant No. _____

b. **Source of Matching Funds*** (Please check all that apply.)

Department: _____
 Budget Line-Item: _____ Amount: _____
 Budget Line-Item: _____ Amount: _____
 Budget Line-Item: _____ Amount: _____

**If you are listing a department funding source other than your department, the Budget Division will need written authorization of agreement to withdraw these funds.*

8. Proposed Budget:

City Department-Match Other Match(es)

Expenditure Categories	Grant Total	City Department-Match		Other Match(es)	
		Cash	In-Kind	Cash	In-Kind
Personnel Services					
Operating Expenditures					
Capital Outlay					
Totals:					

Grand Total: _____

9. Additional Information That May be Helpful to Reviewers:
