



## Grant Proposal Overview

**\*COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED TO THE GRANT ROUTING SHEET BEFORE ROUTING IS INITIATED\***

**Grant Title:** \_\_\_\_\_

**1. PRIMARY OR SUB-AWARD:** Application will be submitted to:  the agency that is the primary source of funding (City = Primary Awardee);  the 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 item 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**

Amount: Cash \$ \_\_\_\_\_

**Required Match – IN KIND**

\*Value of In-Kind \$ \_\_\_\_\_

\* Description:

b. **Future Financial Obligations:** This proposal and/or the submitting department will  will not  incur or request commitments or financial obligations for/from the City beyond the grant period.

If it *will*, in the description box, please elaborate on the future financial obligation(s) for the grant:

Provide the future financial obligation amount(s) for the appropriate expenditure category below:

\* Amount: \$ \_\_\_\_\_

Personnel Services

\* Amount: \$ \_\_\_\_\_

Operating Expenses

\* Amount: \$ \_\_\_\_\_

Capital Outlay

Provide information on the duration of the obligation and other relevant details below:

\* Description:

\* Grants with future financial obligations must be approved by the City Manager or her designee:

**Approve**     **Disapprove**    **Signature** \_\_\_\_\_

If it **will not**, please provide a description of how activities, programs, or positions funded by the grant will be addressed at the conclusion of the grant period:

\* Description:

**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.

Description:

## **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.

### **a. Source of Grant Funds (Please check all that apply.)**

**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 funding source from a department other than your own, the Budget Division will need written authorization of agreement from the funding department.*

**8. Proposed Budget:**

	<b><u>City Department-Match</u></b>	<b><u>Other Matches</u></b>	
	<b>Grant Total</b>	<b>Cash</b>	<b>In-Kind</b>
Personnel Svcs			
Operating Exp.			
Capital Outlay			
<b>Column Totals</b>			

**Grand Total:** \_\_\_\_\_

**9. Additional information that will be helpful to reviewers:**