



## 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**

**Required Match – IN KIND**

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

\*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.)

<b>Federal</b>	\$ _____	<b>Federal Catalog No.</b>	_____
<b>Pass Through</b>	\$ _____	<b>Federal Grant No.</b>	_____
<b>State</b>	\$ _____	<b>State Grant No.</b>	_____
<b>Foundation</b>	\$ _____		
<b>Private</b>	\$ _____		

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

<b>Department:</b>	_____		
<b>Budget Line-Item:</b>	_____	<b>Amount:</b>	_____
<b>Budget Line-Item:</b>	_____	<b>Amount:</b>	_____
<b>Budget Line-Item:</b>	_____	<b>Amount:</b>	_____

*\*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:**

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

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

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