

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 Agency:	
2. Name of S	Sub-recipient (if applicable):	
a. Financial C	equirements: Obligations: This grant will () will not () dicate in the space below the amount and w	
✓	Required Matching Funds/Contributions	
Amou	ınt: Cash \$	In-Kind \$
✓	Non-Required Matching Funds/Contribut	ions
Amoui	int: Cash \$	In-Kind \$
obligations fo Manager's Of be attached to c. Resource Cand/or service	encial Obligations: This proposal will () work the City beyond the grant period. If it will office-Budget Division estimating future match to this grant packet. Obligations: This proposal will () will not see provided by the City. If it will, summarize to this grant packet.	II, an authority memorandum from the City ning requirements and the time period must () require special facilities, equipment



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.
 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 \$ Federal Catalog No Federal Grant No State \$ State Grant No State Grant No Foundation \$ Frivate \$ Federal Grant No State Grant No State Grant No Foundation \$ Federal Grant No Federal Grant No Foundation \$ Federal Grant No Fede
b. Source of Matching Funds* (Please check all that apply.)
Department: Amount: 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.
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		.		
Personnel Svcs Operating Exp. Capital Outlay Column Totals Grand Total:	Grant Total		.		
Personnel Svcs Operating Exp. Capital Outlay Column Totals Grand Total:	Grant Total		.		
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:				