

**APPENDIX A
GRANT AND PROJECT
SUMMARY FORM**



INFORMATION CAN TYPICALLY BE LOCATED IN THE NOFA
PLEASE NOTE IF INFORMATION COULD NOT BE LOCATED

Department: _____ Staff Contact: _____ Date: _____
E-mail: _____ Phone: _____

<p>GRANT SUMMARY</p> <p>Grant Title (Include FY): _____</p> <p>Grantor: _____</p> <p>Type of Grant (State, Federal, Foundation): _____</p> <p>Application Due Date: _____ CDFA (if Federal): _____</p> <p>Summary of Grant Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If applicable, please list amounts, dates and projects previously received from this Grantor/Grant:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Funds Available: _____</p> <p>Match Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Match Amount (% or \$): _____</p> <p>Is the match amount greater than \$20,000 or are there any other provisions of the grant that (may) require City Council approval prior to award? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of match eligible: <input type="checkbox"/> Cash <input type="checkbox"/> In-kind <input type="checkbox"/> Equipment <input type="checkbox"/> Land <input type="checkbox"/> Other: _____</p> <p>Grant funds <u>may</u> be used for: <input type="checkbox"/> Capital (land, building, vehicles, etc.) <input type="checkbox"/> Supplies <input type="checkbox"/> Printing</p> <p><input type="checkbox"/> Program Expenses <input type="checkbox"/> Personnel (current or additional) <input type="checkbox"/> Contracted Services</p> <p><input type="checkbox"/> Other: _____</p> <p>Anticipated Award Notification Date: _____</p> <p>Anticipated Grant Term: _____ to _____</p>
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PROJECT/PROGRAM SUMMARY

Type: Project Program

Title: _____

Description: _____

Is this included in? Budget Business Plan City Strategic Plan

Other: _____

Amount Budgeted: _____

Amount to be Requested: _____ Match Amount: _____

If grant is reimbursement, how will the project be funded initially? _____

Provide the budget code for match (if applicable): _____

Provide the budget code for initial funding (if applicable): _____

Grant funds may be used for: Capital (land, building, vehicles, etc.) Supplies Printing

Program Expenses Personnel (current or additional) Contracted Services

Other: _____

For programs, how will it be funded after the grant expires? _____

If only a portion of amount requested is received, how will the project/program be funded?

Once this form is completed, enter the relevant information and upload this file into the Grant Database. An email will be sent to the Grants Management Team for their review and, if applicable, comments will be sent to the Staff Contact.