

Grants & Financial Assistance Approval Form

		Authorized Approver	Signature	Date
Ī	*1	Department Director	Approved	
		Roderick Williams	By:	
Fig. 1 forms to County Development County to the control of the county o			CC (: 2/10/2014)	

Email form to Grants Development Supervisor to continue approval process in Workday (effective 3/19/2014).

Following are the financial, programmatic, legal and procurement considerations for your review:

Sponsor: Short description of the project or program that will be pursued with grant funding:: If awarded, the Fire Prevention and Safety funds would be used for the Public Safety and Fire Prevention Programs. Specifically OFD will be purchasing approximately smoke alarms, several drills, and providing installation and training. Short description of the problem or need for the project or program: OFD is currently in need of smoke alarms to continue with the smoke alarm installation and training program within the city. Anticipated timeline of project or program: Period of performance is 1 year from award date Name of Initiating Department/Division/Office: Fire GOC Liaison Name: April Taylor Programmatic Considerations 1. How does the proposed project align with City's priorities and department's core services? 2. Does the proposed project provide or expand essential services to address critical needs? 3. Does the proposed project impact other City departments? 4. Does the applying department have the capacity to manage this project? 5. Does the applying department have the capacity to fulfill the financial and administrative requirements of the grant? 6. Is this a collaborative effort with an external organization? Financial Considerations 1. What is the total anticipated project cost? 2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services. 3. What are the match requirements and funding source(s)? 4. If applicable, identify the amount and funding If awarded, OFD will fund the \$% not covered by the	Today's Date: 3/21/2016 City Council Date					
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4. If applicable, identify the amount and funding						
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^{*}Department Directors may provide signature on paper above **OR** wait to approve from Workday inbox.

Grants & Financial Assistance Approval Form

	or program cost.	
5.	Will the grant be used to fund salaries, wages or	Yes, a portion of the grant will be used to pay workback
	benefits and other associated personnel costs?	to firefighters installing the smoke alarms.
6.	Will the receipt of this grant cause the City to	No
	incur additional or future operating costs?	mp.p.
7.	What is the CIP number and/or financial project	TBD
	number associated with this project?	
8.	Will this program generate revenue?	No
	Is supplanting allowed?	No
10.	Does the grantor require any special ways to	No
	manage the receipt of grant funds?	
11.	Does the grant require continuation of the project	No
	or program beyond the grant period of	
	performance?	
	gal Considerations	Indicate Response Here
1.	Provide a short description of unique contract	None
	requirements that the City Attorney needs to be	
	made aware of, or needs to clarify for the	
	Department before the Department applies for the	
	grant.	
2.	Does submitting the grant application obligate	No
the City to accept the award? (Yes/No)		Y II A D W
	ocurement Considerations	Indicate Response Here
1.	Provide a short description of any special	None
	procurement requirements that need to be	
	disclosed and evaluated at the time of application.	N
2.	Does the receipt of the grant involve the lease or	No
	purchase of real estate? If so, please describe the	
	real estate need and add the Real Estate Division	
	Manager as an impacted department director, by	
	adding a row under the first department director	
	in the transmittal sequence on page one of this form.	
XX /4	orkday Required Data	
	oposal Award	
	onsor (Grantor):	Department of Homeland Security
Spo	onsor (Grantor).	Department of Homerand Security
Flo	ow Through Sponsor:	N/A
110	William Sponsor.	14/14
CE	TDA or CSFA #:	97.044
CI	DAVI CSFA#.	71.044
CFDA/CSFA Name:		Assistance to Firefighters Grant
	DIN COLLI NUME.	Assistance to Thengaters Grant
Start Date:		1 year from date of award
		1 year from date of award
End Date:		
		
Grant Type (Cost Reimbursable, Fixed Amount,		Cost Reimbursable
	epaid):	
Award Amount:		\$25,000
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Grants & Financial Assistance Approval Form

Match %:	5%
Match Amount:	\$1,250.00