



# CITY OF ORLANDO

## Grants & Financial Assistance Approval Form

	Authorized Approver	Signature	Date
*1	Department Director Roderick Williams	Approved By:	
Email form to Grants Development Supervisor to continue approval process in Workday (effective 3/19/2014).			
*Department Directors may provide signature on paper above <u>OR</u> wait to approve from Workday inbox.			

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

Today's Date: 4.14.16	City Council Date: 5.9.16	Application Deadline: 7.1.16
Name of Grant: FM Global Fire Prevention Grant Program		
Sponsor: FM Global		
Short description of the project or program that will be pursued with grant funding: If awarded, the OFD Arson/Bomb will purchase four (4) Portable Scene lights to aid in night operations.		
Short description of the problem or need for the project or program: The OFD Arson investigators are called to investigate fire scenes at night. Their response vehicles do not currently have portable lights for night investigations.		
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		Telephone #: 407-246-2544
Programmatic Considerations		Indicate Response Here
1. How does the proposed project align with City's priorities and department's core services?		The scene lights will aid in the Arson Investigators being able to further the department's mission of, "Protect Lives and Property."
2. Does the proposed project provide or expand essential services to address critical needs?		No
3. Does the proposed project impact other City departments?		No
4. Does the applying department have the capacity to manage this project?		OFD has the capacity to manage this award.
5. Does the applying department have the capacity to fulfill the financial and administrative requirements of the grant?		Yes
6. Is this a collaborative effort with an external organization?		No
Financial Considerations		Indicate Response Here
1. What is the total anticipated project cost?		Approximately \$2,400
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.		Approximately \$2,400
3. What are the match requirements and funding source(s)?		There are no match requirements for this grant.
4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.		
5. Will the grant be used to fund salaries, wages or		No

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benefits and other associated personnel costs?	
6. Will the receipt of this grant cause the City to incur additional or future operating costs?	No
7. What is the CIP number and/or financial project number associated with this project?	N/A
8. Will this program generate revenue?	No
9. Is supplanting allowed?	No
10. Does the grantor require any special ways to manage the receipt of grant funds?	No
11. Does the grant require continuation of the project or program beyond the grant period of performance?	No
<b>Legal Considerations</b>	<b>Indicate Response Here</b>
1. Provide a short description of unique contract 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.	None
<b>2. Does submitting the grant application obligate the City to accept the award? (Yes/No)</b>	No
<b>Procurement Considerations</b>	<b>Indicate Response Here</b>
1. Provide a short description of any special procurement requirements that need to be disclosed and evaluated at the time of application.	None
2. Does the receipt of the grant involve the lease or 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.	No

## Workday Required Data

Proposal  Award

<b>Sponsor (Grantor):</b>	<b>FM Global Fire Prevention Grant Program</b>
<b>Flow Through Sponsor:</b>	<b>N/A</b>
<b>CFDA or CSFA #:</b>	<b>N/A</b>
<b>CFDA/CSFA Name:</b>	<b>N/A</b>
<b>Start Date:</b>	<b>1 year from date of award</b>
<b>End Date:</b>	
<b>Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):</b>	<b>Cost Reimbursable</b>
<b>Award Amount:</b>	<b>\$2,400</b>
<b>Match %:</b>	<b>0%</b>

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<b>Match Amount:</b>	<b>N/A</b>
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