



# CITY OF ORLANDO

## Grants & Financial Assistance Approval Form

	Authorized Approver	Signature	Date
*1	Robert Bowden	Approved By:	3 March 2016

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

\*Department Directors may provide signature on paper above **OR** wait to approve from Workday inbox.

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

<b>Today's Date:</b> 3 March 2016	<b>City Council Date:</b> 28 March 2016	<b>Application Deadline:</b> 20 June 2016
<b>Name of Grant:</b> Florida Division of Cultural Affairs- General Program Support		
<b>Sponsor:</b> State of Florida		
<b>Short description of the project or program that will be pursued with grant funding:</b> Programming at the gardens enhances the quality of life for the citizens of Orlando.		
<b>Short description of the problem or need for the project or program:</b> General operating budget support		
<b>Anticipated timeline of project or program:</b> Fiscal year 2017-2018		
<b>Name of Initiating Department/Division/Office:</b> Orlando Venues/Leu Gardens		
<b>GOC Liaison Name:</b> Kim Robinson		<b>Telephone #:</b> 3668
<b>Programmatic Considerations</b>		<b>Indicate Response Here</b>
1. How does the proposed project align with City's priorities and department's core services?		Programming at the gardens enhances the quality of life for the citizens of Orlando. The gardens serve over 149,000 visitors annually.
2. Does the proposed project provide or expand essential services to address critical needs?		Yes. The grant will enable the gardens to offer quality educational programming for children and adults.
3. Does the proposed project impact other City departments?		No.
4. Does the applying department have the capacity to manage this project?		Yes.
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.
<b>Financial Considerations</b>		<b>Indicate Response Here</b>
1. What is the total anticipated project cost?		NA
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.		Up to \$150,000
3. What are the match requirements and funding source(s)?		\$1 for \$1, annual budget expenditures meet match.
4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.		NA
5. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?		NA
6. Will the receipt of this grant cause the City to incur additional or future operating costs?		No.

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7. What is the CIP number and/or financial project number associated with this project?	NA
8. Will this program generate revenue?	No.
9. Is supplanting allowed?	
10. Does the grantor require any special ways to manage the receipt of grant funds?	Quarterly reports.
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.	NA
<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>Flow Through Sponsor:</b>	
<b>CFDA #:</b>	
<b>CFDA Name:</b>	
<b>Start Date:</b>	
<b>End Date:</b>	
<b>Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):</b>	
<b>Award Amount:</b>	
<b>Match %:</b>	
<b>Match Amount:</b>	