

Grants & Financial Assistance Approval Form

	Authorized Approver	Signature	Date				
*1	OPD Legal Advisor	Approved By: Whicha William	4.25.16				
*1 OPD Legal Advisor Approved By: Washa William 4.25.//6 Email form to Grants Development Supervisor to continue approval process in Workday (effective 3/19/2014).							
*Department I	Directors may provide signat	ture on paper above OR wait to approve from W	orkday inbox.				

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

To	day's Date: 04/21/16 City Council Date: 0	5/9/16	Application Deadline: 5/13/16				
Na	me of Grant: Intimate Violence Enhanced Services	Team (InVEST	FY 2016-2017				
Spo	Sponsor: U.S. Department of Justice (passed through the Florida Coalition Against Domestic Violence)						
Sho	ort description of the project or program that will	be pursued with	grant funding: This grant will enable the				
Orl	Orlando Police Department (OPD) to continue funding a detective assigned to the Assault and Battery Unit. This						
pos	position works with a Harbor House advocate assigned to OPD on high lethality intimate partner cases (domestic and						
dati	dating violence) to prevent serious injury or death in these cases.						
Sho	Short description of the problem or need for the project or program: Death and serious injury related to						
	nestic violence is a national and local problem. Coll						
	orcement can reduce the likelihood of death or serio						
Ant	ticipated timeline of project or program: July 1, 20	16 – June 30, 20	17				
Nai	me of Initiating Department/Division/Office: Police	e Department					
GO	C Liaison Name: Lilian Draisin	Telephone #:	407.246.2504				
	grammatic Considerations	Indicate Response Here					
	How does the proposed project align with City's		ect will enhance OPD's ability to reduce				
	priorities and department's core services?	The second secon	ntain safe neighborhoods in the City of				
	r = -r , $r = r$	Orlando	M				
	Does the proposed project provide or expand	Yes					
	essential services to address critical needs?						
	Does the proposed project impact other City	No					
	departments?						
	Does the applying department have the capacity		ager and fiscal manager will administer				
	to manage this project?	all aspects of t	he grant.				
5.	Does the applying department have the capacity	Yes					
	to fulfill the financial and administrative						
	requirements of the grant?						
	Is this a collaborative effort with an external	Yes					
i i	organization?						
	ancial Considerations		Indicate Response Here				
	What is the total anticipated project cost?	\$156,248					
	How much does the Department anticipate	\$116,543					
	receiving from the grantor? If not receiving cash,						
	include the value of property, equipment, or						
	services.						
	What are the match requirements and funding		is required. OPD will provide this				
	source(s)?		05) through funds currently budgeted.				
	If applicable, identify the amount and funding		geted funds will support the remainder of				
	source(s) that support the remainder of the project	the cost, and w	vill be reported as the required match.				
			3				

Grants & Financial Assistance Approval Form

or program cost.	
5. Will the grant be used to fund salaries, wages or	Yes
benefits and other associated personnel costs?	
6. Will the receipt of this grant cause the City to	No
incur additional or future operating costs?	
7. What is the CIP number and/or financial project	Not applicable.
number associated with this project?	
8. Will this program generate revenue?	No
9. 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?	
Legal Considerations	Indicate Response Here
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)	
Procurement Considerations	Indicate Response Here
Provide a short description of any special	None
procurement requirements that need to be	es formal signature
disclosed and evaluated at the time of application.	
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.	
Workday Required Data	2 TO 18 TO 1
Proposal X Award	
Sponsor (Grantor):	U.S. Department of Justice
Flow Through Sponsor:	Florida Coalition Against Domestic Violence
	(FCADV)
CFDA #:	16.588
CFDA Name:	Stop Violence Against Women Formula Grant
	Program
Start Date:	7/1/16
Start Date:	//1/10
End Date:	6/30/18
End Date:	0/20/10
Grant Type (Cost Reimbursable, Fixed Amount,	Cost Reimbursable
Prepaid):	Cost Reminutance
Award Amount:	Unknown
AWAIU AMOUNIL	CHAROTT

Grants & Financial Assistance Approval Form

Match %:	25%	
Match Amount:	\$39,705	