



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: 8/8/2016	City Council Date: 8/29/2016	Application Deadline: 9/7/2016
Name of Grant: Commission on Accreditation of Ambulance Services 2016 Grant Program		
Sponsor: Commission on Accreditation of Ambulance Services (CAAS) 2016 Grant Program		
Short description of the project or program that will be pursued with grant funding: OFD is seeking funding to cover the CAAS application fee.		
Short description of the problem or need for the project or program: OFD is seeking funding to cover the CAAS application fee.		
Anticipated timeline of project or program: unknown at this time		
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?	This is a public safety initiative	
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?	Yes, 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 \$10,000	
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.	Approximately \$10,000	
3. What are the match requirements and funding source(s)?	N/A	
4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.	N/A	
5. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?	No	
6. Will the receipt of this grant cause the City to	No	

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incur additional or future operating costs?	
7. What is the CIP number and/or financial project number associated with this project?	TBD
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
Legal Considerations	Indicate Response Here
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
2. Does submitting the grant application obligate the City to accept the award? (Yes/No)	No
Procurement Considerations	Indicate Response Here
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 ☐

Sponsor (Grantor):	Commission on Accreditation of Ambulance Services 2016 Grant Program
Flow Through Sponsor:	Commission on Accreditation of Ambulance Services 2016 Grant Program
CFDA or CSFA #:	unknown
CFDA/CSFA Name:	unknown
Start Date:	unknown
End Date:	unknown
Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Accreditation application fee would be waived, no actual funds or tangible goods will be exchanged.
Award Amount:	\$10,000
Match %:	N/A
Match Amount:	\$0.00

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