



CITY OF ORLANDO

Grants & Financial Assistance Approval Form

	Department	Director Name	Date
Lead Department	Fire Department	Roderick Williams	6.23.17
Impacted Department			

Email form prior to application, to your Grants Analyst or Assistant Controller to begin the approval process in Workday.
 *Department Directors will approve from their Workday inbox.

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

Today's Date: 6.23.17	City Council Date: 7.10.17	Application Deadline: 7.10.17
Name of Grant: FY2017-2018 EMPG CERT/Citizen Corps Program Grant		
Sponsor: Volunteer Florida		
Grant Mgr: April Taylor		Telephone # 5439
Fiscal Mgr: Tysha Resnick		Telephone # 3131
Short description of the project or program that will be pursued with grant funding: If awarded, the funding will be used for the Community Emergency Response Team (CERT) exercise and training.		
Short description of the problem or need for the project or program: The City of Orlando Office of Emergency Management (OEM) is currently working to provide CERT training for city residents and provide a training exercise that can be attended by all CERT programs from around the State.		
Anticipated timeline of project or program: 8.1.17-6.30.18		
DUNS #: 070343640		FEIN: 59-6000396
Programmatic Considerations		Indicate Response Here
1. How does the proposed project align with City's priorities and department's core services?		This project aligns with the City's public safety initiatives.
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. Is this a collaborative effort with an external organization?		Yes
Financial Considerations		Indicate Response Here
1. What is the total anticipated project cost?		\$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.		\$10,000
3. What are the match requirements and funding source(s)?		100% cash or in-kind match, the source of the match will be our annual Oracle donation and staff time by emergency management staff
4. If applicable, identify the amount and funding source(s) that support the remainder of the project or program cost.		We will be required to provide cash or in-kind match dollar for dollar for FY 2017-2018 funds. The match will be provided through the Oracle donation to the CERT program and through salary and benefits for the Emergency Management staff that provide overall program coordination and instruction.

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5. Does the Grant allow for charging Indirect Costs? (Yes/No)?	No
6. The amount of Indirect Cost to be applied to the Grant?	N/A
7. Will the grant be used to fund salaries, wages or benefits and other associated personnel costs?	A portion of the grant will be used for workback/overtime for fire and police to assist with the training exercise.
8. Will the receipt of this grant cause the City to incur additional or future operating costs?	No
9. What is the CIP number and/or financial project number associated with this project?	N/A
10. Will this program generate revenue?	No
11. Is supplanting allowed?	No
12. Does the grantor require any special ways to manage the receipt of grant funds?	No
13. 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.	None

Workday Required Data

Proposal ☒

Award ☐

Sponsor Name (Grantor):	U.S. Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA), Grant Programs Directorate
Flow Through Sponsor:	Volunteer Florida
CFDA or CSFA #:	97.042
CFDA/CSFA Name:	Emergency Management Performance Grant (EMPG) Program
Start Date:	8.1.17
End Date:	6.30.18

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Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Cost Reimbursable
Award Amount:	Approx. \$10,000
Match %:	100%
Match Amount:	Approx. \$10,000

By submitting this form, the department acknowledges that:

1. It has the capacity to manage this grant.
2. It has the capacity to fulfill all of the financial and administrative requirements of the grant.
3. It will comply with the grant requirements and follow the guidance under City Policy # 2320.1.