



CITY OF ORLANDO

Grants & Financial Assistance Approval Form

Lead Department	Department	Director Name	Date
Fire Department	Fire Department	Roderick Williams	9.6.17
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: 9/6/2017	City Council Date: 9.25.17	Application Deadline: N/A
Name of Grant: State Homeland Security Grant Progra/m (SHSGP) 2016		
Sponsor: U.S. Dept. of Homeland Security through FDEM		
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: This core assistance provides funds to build capabilities at the state and local levels and to implement the goals and objectives included in state homeland security strategies and initiatives in our State Preparedness Report.		
Short description of the problem or need for the project or program: Funding will be used for sustainment / replacement of equipment previously purchased under Federal funds for the Orlando Fire Department HazMat Team.		
Anticipated timeline of project or program: Execution – August 31, 2019		
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?	Participation in the State Homeland Security Task Force aligns with Mayor Dyer's Public Safety Initiative and OFD's mission statement, Protect Lives and Property. Being capable to respond at a state and local level in areas of homeland security is a part of our State Preparedness Initiative.	
2. Does the proposed project provide or expand essential services to address critical needs?	This program expands the capabilities and resources of the Orlando HazMat Team sustainment and maintenance of equipment.	
3. Does the proposed project impact other City departments?	No	
4. Is this a collaborative effort with an external organization?	No	
Financial Considerations	Indicate Response Here	
1. What is the total anticipated project cost?	\$116,076.00	
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.	\$116,076.00	

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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. 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?	No
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.	This is a continuation of a federal grant currently managed by OFD.
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:	Florida Division of Emergency Management
CFDA or CSFA #:	97.067
CFDA/CSFA Name:	Homeland Security Grant Program

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Start Date:	Upon Execution
End Date:	08/31/2019
Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Cost Reimbursable
Award Amount:	\$116, 076.00
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.