



CITY OF ORLANDO

Grants & Financial Assistance Approval Form

	Department	Director Name	Date
Lead Department	Fire Department	Roderick Williams	2.7.18
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: 2/7/18	City Council Date: 2/26/18	Application Deadline: 3/1/2018
Name of Grant: Department of Financial Services, Division of State Fire Marshal, Florida Fire Service - Local Government Grant		
Sponsor: Department of Financial Services		
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: To help mitigate firefighters' exposure to hazardous, cancer-causing products of combustion, thus protecting the health and safety of firefighters.		
Short description of the problem or need for the project or program: To help mitigate firefighters' exposure to hazardous, cancer-causing products of combustion, thus protecting the health and safety of firefighters.		
Anticipated timeline of project or program: One year		
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?	The purpose of the grant program is for the purchase of protective clothing, self-contained breathing apparatus, and other personal protective equipment for firefighters in order to mitigate exposure to hazardous, cancer-causing chemicals and to protect the health and safety of Florida firefighters, pursuant to section 633.520, Florida Statutes (F.S.)	
2. Does the proposed project provide or expand essential services to address critical needs?	This program expands the capabilities and resources of the Orlando Fire Department's Health and Safety Division.	
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?	Non-cash (will receive equipment only)	
2. How much does the Department anticipate receiving from the grantor? If not receiving cash, include the value of property, equipment, or services.	N/A	

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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.	
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.	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

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Award

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Sponsor Name (Grantor):	Department of Financial Services, Division of State Fire Marshal
Flow Through Sponsor:	N/A
CFDA or CSFA #:	
CFDA/CSFA Name:	

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Start Date:	N/A
End Date:	N/A
Grant Type (Cost Reimbursable, Fixed Amount, Prepaid):	Non-cash
Award Amount:	N/A
Match %:	N/A
Match Amount:	N/A

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.