



Intent to Apply for Grant Funding

Attachment B

Grant name: _____

Grant application deadline: _____ This grant application is: New Grant Continuation

Funding/project period: Start Date: _____ End Date: _____ Multi-year grant: Yes No

CFDA # for grant, if applicable. If not applicable, please note N/A: _____

Purpose of the grant: (provide project summary)

What will the funds be used for? (i.e., construction, design, equipment, etc.)

Who is providing the funds? _____
(i.e., name of Federal Awarding Agency or Pass-thru Agency)

Which of the following are these funds considered? If Other, please identify.

Federal State Other: _____

Estimated grant amount: \$ _____ Funding basis: Advance Reimbursement

Are matching funds required? Yes No

If yes, please complete the following:

Match % _____

Match \$ _____

Funding source of match:

Total project cost (estimated grant amount + match \$\$) = \$ _____

Will the City be a direct recipient or subrecipient of the grant funds? Direct Recipient Subrecipient

Are ongoing operational costs anticipated once the grant funds are depleted? Yes No

If Yes, has the Budget Team been notified? Yes No

Please print, sign, and return this form to Finance @ _Grants Compliance Team

Department Contact Name and Title (Please Print)

Date Form Completed

Department Director Signature

Date Signed

(This section to be completed by the Finance Department, Grants Team)

Received By (Grants Team Member)

Date Received:

Approved By (Grants Team Member)

Date Approved: