GRANT SUMMARY FORM

Note: This form is due prior to submission of staff report

A. Title of Grant: _____

Amount of Grant: $_____ Staff Report Date: _____

Brief Explanation of Purpose:

Department: _____ Phone: _____

Project Manager: _____ Email: _____

Grant Period Start Date: _____ End Date: _____

B. Source: _____ Other: _____

Funding Agency: _____

If Federal Funding:

Assistance Listing #: _____ Assistance Listing Title: _____

Federal Award ID & Year: _____

Name of Pass-Through Entity, if applicable: _____

Pass-Through Award ID: _____

Required Match: ☐ Yes ☐ No Volunteered Match: ☐ Yes ☐ No

Cash: ☐ Yes ☐ No $_____

In-kind: ☐ Yes ☐ No $_____

C. Personnel:

Number of grant-funded positions: _____Full-time _____Part-time

Estimated Amount: $_____ Are Positions Permanent: ☐ Yes ☐ No

D. Indirect Costs:

Plan To Recover: ☐ Yes ☐ No ☐ Full Rate ☐ Partial Rate (_____%)

Plan To Waive: ☐ Yes ☐ No

Indirect Costs Allowed: ☐ Yes ☐ No

E. Totals:

Total Federal Share: $_____ Total Local Share: $_____

Total State Share: $_____ Total Partner/Other: $_____

Total Grant/Project: $_____

F. Reviewed/Approved:

Project Manager: X _____ Date: _____

Budget/Finance Office: X _____ Date: _____

Comments:

Required Documents: 1. Completed Grant Summary Form 2. Grant Award Letter or Other Grant Documents