

Declined

Denied

Awarded

PSGrant# _____

GRANT INFORMATION FORM (GIF)**Complete either side A or if awarded, complete side B in this same form**

This form is to be used to provide information to the Grants Administration Division (GAD) for grant applications, grant awards, and/or grant contract amendments. After completing either side, please forward to the GAD Office at Grants-1@elpasotexas.gov. Once a grant has been awarded and a contract/agreement needs to be processed, please complete SIDE B and forward to GAD, we will submit for Legal Review and further processing. Please use the same GIF to complete Part A & Part B so it is all kept on the same sheet.

Department _____

DUNS-058873019/UEI-KLZGKXNFVTL4

A. GRANT APPLICATION	B. CONTRACT/AGREEMENT VICO GPFO GPVU
A1. Department Programmatic Contact Person Name: _____ Title: _____ Phone No.: _____ Email: _____	B1. Department Financial Grant Contact Person Name: _____ Title: _____ Phone No.: _____ Email: _____
A2. Grant Data Funding Agency: _____ Grant Name: _____ CFDA/ALN: _____ N/A <input type="checkbox"/> Application Due Date: _____ Requires Signature or Review from: Mayor <input type="checkbox"/> City Manager <input type="checkbox"/> Legal Review <input type="checkbox"/>	B2. Grant Data Funding Agency: _____ Grant Name: _____ Program Name: _____ Agency Contract No.: _____ Grant Type: _____ Pass through Agency: _____ Grant Start & End Date: _____ - _____ New, Continuation, or Amendment: _____
A3. Financial Data Amount of Grant Funding Request: \$ _____ Amount of Matching Funds Requested: \$ _____ Amount of In-Kind Funds and/or Additional City Contributions: \$ _____ Total Amount Requested: \$ _____	B3. Financial Data Post-Award Amount: \$ _____ (As indicated in the grant contract/ agreement) Actual Amount of Cash Match: \$ _____ Actual Amount of In-Kind: \$ _____ Total Award for Project/Program: \$ _____
A4. Grant Classification Competitive (award based on competition) _____ Entitlement (a set of funds determined under a formula) _____ Continuation (ongoing funding) _____	B4. CM Signature required _____ Mayor Signature required _____ City Council approval required _____
A5. City Match Certification Has City Match been certified by the Department Director? Yes No N/A <input type="checkbox"/> Does this grant allow for operating/administrative costs? Yes No % <input type="checkbox"/> Amount \$ _____ How is the match amount determined? Fixed Amount: \$ _____ Percentage of Project Cost: _____ % Other (Please explain): _____ _____ For this fiscal year, how much of the local cash amount is already in the department's budget: \$ _____ Not budgeted: \$ _____ Proposed source of match: _____	B5. Grant Accounting String: _____ City Match Accounting String: _____ Comments: _____

Brief Description of Grant:

REQUIRED SIGNATURES

1. _____
Department Director Signature Date

Printed Name of Department Director

2. _____
Grants Administration Division Date

3. _____
Legal Review Date

1. _____
Department Director Signature Date

Printed Name of Department Director

2. _____
Grants Administration Division Date

3. _____
Legal Review Date