

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](mailto: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**

<b>A. GRANT APPLICATION</b>	<b>B. CONTRACT/AGREEMENT VICO GPFO GPVU</b>
<b>A1. Department Programmatic Contact Person</b> Name: Title: Phone No.: Email:	<b>B1. Department Financial Grant Contact Person</b> Name: Title: Phone No.: Email:
<b>A2. Grant Data</b> 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"/>	<b>B2. Grant Data</b> Funding Agency: Grant Name: Program Name: Agency Contract No.: Grant Type: Pass through Agency: Grant Start & End Date: -
<b>A3. Financial Data</b> Amount of Grant Funding Request: \$ _____ Amount of Matching Funds Requested: \$ _____ Amount of In-Kind Funds and/or Additional City Contributions: \$ _____ Total Amount Requested: \$ _____	<b>B3. Financial Data</b> 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: \$ _____
<b>A4. Grant Classification</b> Competitive (award based on competition) Entitlement (a set of funds determined under a formula) Continuation (ongoing funding)	<b>B4.</b> CM Signature required Mayor Signature required City Council approval required
<b>A5. City Match Certification</b> 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: _____	<b>B5.</b> 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