

City of Revere: New Grant Award Form

Section To Be Completed by Department

Please use this form to receive a fund number and establish a budget in Munis for all NEW grants.

Grant Administrator Name: _____

Department: _____

Date: _____

Department Head Signature: _____

Name of Grant: _____

Amount of Grant (\$): _____

Grantor: _____

Effective/Start Date of Grant: _____

Grantor CFDA# (Federal Grants Only): _____

End Date of Grant: _____

Grantor EIN (Entity Identification Number, for Federal Grants Only): _____

Funding Source (Federal, Pass through Federal, State, Pass through State, if Other provide details): _____

Matching funds required? **(Yes / No)** (If Yes, please fill out the next page of this form.)

Are salary/wages and fringe benefits an eligible expense? **(Yes / No / Not Applicable - No grant-funded positions in respective department)**

If Yes, please note the dollar amount: _____

If No, did you discuss with the grantor if these costs are eligible? **(Yes / No)**

Is this a reimbursable or prepaid grant? **(Reimbursable / Prepaid)**

Frequency of Receipts: **(Lump Sum / Annually / Quarterly / Monthly / As Needed Basis)**

Required Documentation Attached:

Final Signed Contract: **(Yes / No)**

Documentation on Eligible Uses of Grant Funds: **(Yes / No)**

How often does this Grant require reporting of expenditures (Monthly, Quarterly, Annually, etc.): _____

Date Grant Funds must be fully spent: _____

Due Date of Final Expenditure Report: _____

Are unspent funds required to be returned? **(Yes / No)** If yes, provide due date: _____

Will there be any Capital Expenditures? A Capital Expenditure is an expenditure that has a five year useful life and a total cost of \$25,000 or greater. If not, please put N/A. If there will be Capital Expenditures, please list them to the right. Include useful life and total cost per Capital Expenditure.

Scope of Grant: _____

Comments: _____

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Please fill out the below if matching funds are required for this grant. If matching funds are not required, do not fill in this page.

1. Describe in detail the terms for the matching funds requirement (include dollar amount and percentage of matching funds):

2. Has a funding source for the matching funds been identified? If yes, please describe in detail the funding source.
If not, please provide a possible funding source (Existing salary expenses, Council Order, etc.):

3. The following is to provide Auditing with a proforma budget that illustrates the matchings funds that are required for each grant expense:

<u>Expense Description per Grant</u> <u>(Salaries, OT, Office Supplies, etc.)</u>	Grant Funds Allocated for this Expense (\$)	Matching Funds Allocated for this Expense (\$)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total:	\$	* \$

*This total should match with the total grant amount (excluding matching funds).
 **This total should match with the total matching funds as stated in Question 1 on this page.

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Please fill out the below to establish the budget for this grant in Munis.

<u>Account Name per Munis</u>	<u>Expense Description per Grant</u>	<u>Object Code per Munis</u>	<u>Budget Amount</u>
PERMANENT SALARIES		510100	\$
OTHER SALARIES		510101	\$
SALARY - OVERTIME		510900	\$
PURCHASE OF SERVICES		520000	\$
CONTRACTED SERVICES		525000	\$
OTHER CHARGES & EXPENDITURES		570000	\$
CAPITAL OUTLAY		580000	\$
NEW EQUIPMENT		587100	\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

Section To Be Completed by Auditing

Fund# Assigned: _____

Date Created: _____

Created By: _____

Approved By: _____

Comments: _____

