

City of Revere: Grant Pre-Application Checklist

Note: Upon completion, forward Copy of Form to: Mayor, Dir. Of Finance and Auditor

Section To Be Completed by Department

Date: _____	Dept Originator/Grant Admin. Name: _____
Requesting Department(s): _____ _____	Grant Admin Contact Info: _____ _____
Is this a shared Grant? (Yes / No)	Supervisor Signature(s): _____ <small>Name/Date</small>
If yes, provide Dept./Contact(s) & Allocation Amt \$:	Dept.head Signature(s): _____ <small>Name/Date</small>
_____ \$	_____ \$

Name of Grant: _____	Grant Submission Deadline: _____
Grant Agency Contact Information:	Amount of Grant Request: \$ _____
Is this a continuation of an existing Grant? (Yes / No)	Min. Grant Award Allowed: \$ _____
Grantor: _____	
Phone #: _____ E-mail address: _____	Web-site: _____
Term of Grant: Effective/ Start date: _____	End date: _____
Is this a multi-year grant? (Yes / No)	If yes, provide last year/date of Grant: _____
Are matching funds required? (Yes / No)	If yes, provide details: % of Grant _____
	Fixed Amount \$ _____
Have matching funds (sources) been identified? (Yes / No)	Other: _____
If yes, please describe: City-provided and/or other Source(s):	_____

Forms Attached:

- | | |
|--|---|
| <input type="checkbox"/> Grant Application | <input type="checkbox"/> Scope of Work |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Payroll/Benefit details, if applicable |
| <input type="checkbox"/> Other _____ | |

Please describe the project impact on your staffing. Provided detail about Salaries need each year of the grant, if multiple-year grant:

What is the department's plan when the grant funding runs out or is reduced? Will the program and staffing continue or end? If continue provide detail on plan/source of funding:

City of Revere: Grant Checklist After Award

Note: Upon completion, forward Copy of Form to the following Departments: Auditing & Treasurer

Section To Be Completed by Department

Name of Grant: _____	Awarding Agency Grant #: _____ (CFDA# or Other)	
Grant Agency Contact Information:		
Contact Person: _____	Grant Award: \$ _____	
Phone #: _____	E-mail address: _____	Web-site: _____
Is this a continuation of an existing Grant? (Yes / No)	If yes, provide existing Fund #: _____	
Is this a Reimbursable Grant? (Yes / No)	Is this a Prepaid Grant? (Yes / No)	
Frequency of Receipts: (Lump Sum or Multiple)	If Multiple, when/how often? (Monthly, Quarterly, Other: _____)	
Funding Source:		
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Private (specify):
<input type="checkbox"/> Pass through Fed	<input type="checkbox"/> Pass through State	<input type="checkbox"/> Other (specify):
Forms Attached:		
<input type="checkbox"/> Standard Contract (when applicable)	<input type="checkbox"/> Mayor's Written Approval	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Budget (Attach "Request to Establish Grant Budget" form letter)	
Reporting:		
Due Date of final report: _____	Date Grant Funds must be spent by: _____	
How often does the grant require reporting: _____	Are funds required to be returned if not spent (Yes / No)	
	If yes, provide due date: _____	
Scope of Grant: _____		
Comments: _____		

Section To Be Completed by Auditing

Date Received Pre-Application _____	Fund # Assigned: _____
Date Received Award Documents/Checklist _____	Date Fund Created, (if applicable): _____
Comments _____	