

GRANT INFORMATION APPLICATION FORM (GIAF)

Departments applying for a grant are requested to complete and submit this form, electronically or in person, to applicable individuals listed below. Department Director must certify cash match availability, when required, prior to pursuing grant proposal. **PRIOR AUTHORIZATON IS NOT REQUIRED FOR DEPARTMENTS TO APPLY FOR A GRANT.**

1. DEPARTMENT (Grant Applicant/Contact)	2. GRANT DATA
Name: _____	Grant Title: _____
Title: _____	Funding Agency: _____
Phone: (915) _____	Due Date: _____
Fax No: (915) _____	
Requires Mayor or City Manager's Signature? (please check)	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

3. FINANCIAL DATA	4. GRANT CLASSIFICATION (please check)
Amount of Funding Request: _____	<input type="checkbox"/> Competitive (award based on competition among eligible Applicants)
Amount of Matching Funds: _____	<input type="checkbox"/> Entitlement (a set of funds determined under a formula grant)
Amount of In-kind contribution: _____	<input type="checkbox"/> Continuation (on-going funding from existing funding agency)
Total Project Cost: _____	<input type="checkbox"/> Other: _____ Please specify: _____

5. Cash Match Certification

Department Director certified cash match availability (p. chk.): Yes: None required:

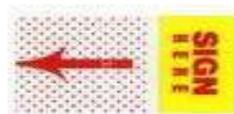
Account No. for Matching Funds: _____ Grant allows for operating/administrative costs (please check): Yes: No:

Brief description of grant: _____

Required Signatures:

1. _____ Department Director	_____/_____/_____ Date
2. _____ Financial Services – Grants Services Division	_____/_____/_____ Date
3. _____ Legal Department (only if council action is required or funding agency reques	_____/_____/_____ Date

Do not route a GIAF form to City Manger for signature. Attach a "Sign Here" label where indicated by grant guidelines.



(Questions? Call (915) 541-4445 – Grants Services Division)