

Request for New Grant Set-Up Form

City of El Paso Department:

Grant Name:

Funding Source (Grantor):

Grantor's Contract Number (if known)

Grant Program Manager:

Grant Period: Start date:

End date:

Grant Amount: \$

CFDA No. (federal grants only):

- a) I attached a copy of the grant package (Letter of Award, detailed budget, reporting requirements. Yes No
- b) A copy of the Council Resolution is attached: Yes No

If your answer is **No** to any of the above, please explain:

Specify expenditure account numbers to be activated:

| Account | Amount (optional) |
|---------|-------------------|
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Please submit completed form to the Financial Services Department c/o Debbie R. Tombosky electronically or by fax at 541-4446.

Thank you for submitting this form.