

**City of Lubbock, TX
Department of Finance
Grant Information Form**

Grant Title: _____ Department: _____
Department contact: _____ Phone #: _____ Email: _____
Granting agency: _____ Phone #: _____
Catalog of Federal Domestic Assistance (CFDA) #: _____
Grant Contract # assigned by granting agency: _____
Application deadline: _____ Did funds originate with federal gov't? [] Yes [] No
Grant application package included? [] Yes [] No Grant application summary provided? [] Yes [] No
Cash match? [] Yes [] No Amount: \$ _____ Page # from application: _____
Grant amount (not including match): \$ _____
of FT FTE's: _____ # of PT FTE's: _____ Grant period: From: _____ to _____

Cash match account number:

JDE revenue code:

How does this grant align with City Council priorities?

How will the grant program's effectiveness be measured? What measures will be used?

Is this a new grant program or an enhancement to an existing program? [] New [] Enhancement

Are there any additional requirements that are associated with receiving the grant? [] Yes [] No.
If yes, what are the additional requirements?

Will the City pass grant funds to sub-recipients? [] Yes [] No

Is there construction costs associated with the grant? [] Yes [] No

Can indirect costs be funded in the grant? [] Yes [] No

Does accepting the grant result in the redirection of some operating costs? [] Yes [] No.
If yes, how much?

Approved By:

Grant Program Manager

Date

Assistant City Manager

Date

Chief Financial Officer or City Manager

Date

Attachments? [] Yes [] No

Number of pages: _____