

GRANT RESOLUTION

Apply for, Accept and Expend Requirements

Grant Program: **State Vocational Rehabilitation Services Program**

- Check "Yes" if the requirement is satisfied and part of the introduction package.
- Check "No" if the requirement will be satisfied at a later date, prior to the funds being released.
- Check "N/A" if the requirement is not applicable to this introduction.

Requirements to "apply for" a grant:

Yes	No	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department Head signature on legislation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Application
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funding source's grant criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anticipated funding categories established in the Request for Proposals
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Comments from relevant citizen advisory bodies

Requirements to "accept and expend" grant funds:

Yes	No	N/A	
			Signatures:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department Head
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mayor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controller
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Provisions for the reimbursement of indirect costs
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indirect cost rate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Application
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract(s) or Agreement(s)

Questions:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does this Grant fund any City employee, contract, or off-budget positions?

Which positions are funded by this Grant?

Please find below on the next page. _____

How will these positions be funded after these Grant funds are expended?

This grant is a three-year recurring grant for the past 30 years and we anticipate funding the position with future grant funds. _____

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator III	0.59	07/01/2025	06/30/2028
2	2587	Health Worker III	1.00	07/01/2025	06/30/2028