

Columbus Consolidated Government
GRANT APPLICATION APPROVAL & CHECKLIST

All grants from all departments must be approved by City Council via resolution before the application can be submitted. This form must be approved by Finance before resolution can be placed on Council agenda. Please complete items 1 through 9 and keep a copy of this form for use in subsequent progress tracking.

Your Name: Matthew Dolan Ext: 46612 Dept/Division: Public Works

Official Name of Grant: Solid Waste and Infrastructure for Recycling Grant

Grantor (issuer) Environmental Protection Agency Application Deadline: 11/13/23

Grant purpose Waste Diversion Infrastructure for Recycling

1. The dates of this grant are from 11/15/23 to 11/15/26.

2. Total amount of award anticipated (including any local match): 5,000,000

3. There is no local match requirement for this grant.

The dollar amount of the required match is \$ _____, which represents _____ % of the grant, of which:

\$ _____ represents the amount of cash match, and/or

\$ _____ represents the amount of in-kind match.

NOTE: If there is a match, it MUST be indicated in the Agenda Report and Resolution.

4. The grant manager/finance manager/or other designated contact person for this grant is:

Matthew Dolan

The above person will be responsible for preparing the grant application, being aware of all requirements and conditions of the grant, preparing the grant reimbursement requests, preparing any other reports required by the grant, and submitting copies of all required documentation to the Grant Compliance Accountant, unless otherwise indicated below:

5. The person(s) responsible for purchases and financial reporting for this grant is(are) aware of and will abide by all applicable Columbus Consolidated Government policies and procedures, including but not limited to the Grants Management Policy and Employment Process Policy. *(Please Initial)*

6. The budget for this grant (including revenue source, local match (if required), and expenditures per the grant) will be submitted ASAP to the Grant Compliance Accountant. *(Please Initial)*

7. Copies of the following will be submitted to the Grant Compliance Accountant:

Grant Application
 Grant Award Notification
 Grant Contract
 Approved Resolution
 All required financial reports

All drawdown requests
 Budget amendment requests
 Grant correspondence
 Grant Closeout

NOTE: The Agenda Report and Resolution must both include wording to state that, if the grant is accepted and approved, the applicable Grant Fund will be modified by the amount of revenues and expenditures of the grant.

8. Will any personnel be paid out of this grant? Yes No

If Yes, you MUST complete the personnel information section on Page Three.

9. _____ Copies of the grant solicitation/announcement and application are attached to this request. If application is online, please attach printable versions or screen shots.

Submitted: _____ Date: _____
Grant Administrator

Approved: _____ Date: _____
Agency/Supervising Official

Reviewed: _____ Date: _____
Grant Compliance Accountant

Approved: _____ Date: _____
Finance Director

Subsequent tracking:

Date:

_____ Resolution/Agenda Report created for Council Agenda and submitted to Grant Compliance Accountant for review.

_____ Action Summary Sheet completed with Resolution/Agenda Report attached

_____ Date of Council Session for which Resolution/Agenda Report is submitted

_____ Approved by Council

_____ Application completed and submitted

_____ Application awarded not awarded

_____ If awarded, grant budget request completed and submitted to Financial Planning

_____ Copies of Council resolution, grant solicitation, grant application, grant award notification, and unsigned grant contract submitted to Grant Compliance Accountant for obtaining signatures as needed.

_____ Grant contract signed by signing authority and returned for submission.

_____ Communication with Grant Compliance Accountant regarding financial report submission, drawdown procedures and notifications, other grant requirements and reporting.

THIS SECTION MUST BE COMPLETED IF ANY PERSONNEL WILL BE PAID WITH THIS GRANT.

Position Title	New Slot	Existing Slot	Pay Grade	Rate of Pay	Hourly or Biweekly (Yes or No)	Hrs worked per week	% Level of effort

Note: Any new slots created for this grant will end upon the completion of this grant, unless otherwise authorized by the City Manager.