

City of Tualatin Grant Award Form

Project Title: _____

Period of Performance: _____ through _____

Grant award amount \$ _____

PERSONNEL NEEDS

Job Title	Role in Project	Existing FTE or Added?

PROJECT BUDGET

Budget Data	Year 1 FY:	Year 2 FY:	Year 3 FY:	Year 4 FY:	Year 5 FY:	TOTAL
Grant Request						
Cash Match						
In-kind Match						
Other						
TOTAL BUDGET						

Will the City be expected to continue activities after the grant funds are expended? Yes No

If yes, please explain and indicate the source of funds that will be used to sustain the project:

MATCH REQUIREMENTS

Matching Funds Required?: Yes No

If yes, what percentage of the project is covered by grant vs. matching funds: ____% Grant ____% Match

PROPOSED MATCHING SOURCES

Type (Cash or in-kind)	Source/Description	Amount	Contact Person/Title

REQUIRED APPROVALS

Department Director

Date

Finance Director

Date

City Attorney

Date

City Manager

Date

ATTACH A COPY OF THE GRANT AWARD LETTER & AGREEMENT (IF AVAILABLE) TO THIS FORM