

# Request for Grant Consideration

Date: 8/8/2017 Departmental Grants Contact: Natasha Jackson  
 Department: Parks and Recreation Division: Community Recreation  
 Submission Deadline: 1-Sep-17 ☒ High Priority

This Proposal/Application is a: ☒ New Grant ☐ Renewal  
☐ Grant Revision ☐ Resolution for Application ONLY

Grant: Grantor: Capital Area Metropolitan Planning Organization  
 Grant Title: Federal Transit Administration 5310  
 Grant Program Description: Funding for replacement vehicles in Senior Transportation  
and offset a portion of personnel costs

Terms: This is the (list year) \_\_\_\_\_ year of a (list year) \_\_\_\_\_ year grant.

Term Year	Month/Day/Year	Through	Month/Day/Year
Year One	1-Oct-17	Through	30-Sep-18
Year Two	1-Oct-18	Through	30-Sep-19
Year Three		Through	

Authorization: ☐ Council approval required prior to submission to grantor  
☐ No Council approval needed prior to submission  
☐ Does not meet requirements for Council approval  
☐ ACM waived Council approval due to time constraint  
☐ Prior Council approval received in the budget process

## Funding & Sustainability:

Grant Funding Amount (for this grant term): \$ 248,000.00  
 Required City Match (for this grant term): \$ 73,600.00

Fiscal Year	FY: 2018	FY: 2019	FY:	Total
Grant Funding	208,000	40,000		
Required Match	53600	20000		
Total	261,600	60,000		

## City Match Source:

Amount	Description of Source (include FDU)
\$ 73,600.00	Budgeted Salaries and Transportations expenses through 1000-8600-5811

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Personnel:

Job Title	Status Reg/Temp	New or Existing	FTE(s)	Estimated Cost (with benefits)
Total				

Collaborations:

Partnerships Requiring  
Agreements:

Description of Need:

Grant will cover the purchase of three vans to replace existing vans that do not meet the needs of our fleet. Grant will also cover the shortfall in the amount of approximately \$40,000 operational cost we experience each year with this program.

Expected Outcomes  
(quantitative &  
qualitative)

Grant will enable this FDU to operate in the black for two years. The shortfall in this FDU constantly draws resources away from other senior program budgets.

Transition Plan:

Potential Policy Issues  
and/or Community  
Concerns:

Additional Information  
for Consideration:



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## Sustainability/Transition Statement:

A.	<input checked="" type="checkbox"/>	If the grant goals and objectives are reached, the Department will change its program and will request funding from the <u>General Fund</u> to continue the program if grant funding ends.
B.	<input checked="" type="checkbox"/>	The project <u>is</u> considered a baseline program that must be continued with or without grant funding.
C.	<input type="checkbox"/>	The project <u>is not</u> considered a baseline program that must be continued with or without grant funding.
D.	<input checked="" type="checkbox"/>	This is a one-time, grant-funded project intended to <u>cease</u> at the grant-term end. <u>No other funding will be requested</u> from alternative grant sources or General Fund dollars. Grant employees are notified that the grant will cease by letter 60 days prior to grant end.
E.	<input type="checkbox"/>	If the grant funded project performance (as with a pilot project or demonstration grant) indicates the need for the Department to make a program change, additional funding may require realigning of existing resources.
F.	<input type="checkbox"/>	Other (please list):

## Signatures:

Divisional	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: 8/9/2017
Name: Jodi	Signature:		
Dept. Finance	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: 8/31/17
Name: [Signature]	Signature:		
Asst. Director	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: 8/9/17
Name: Lucas Massie	Signature: [Signature]		
Director	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: 8/31/17
Name: Liana Kallivoka	Signature: [Signature]		
Budget Office*	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: _____
Name: _____	Signature: _____		
* Required when City match identified, FTEs added or major sustainability impact to City presented.			
ACM	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Date: 9-7-17
Name: [Signature]	Signature: Sara Hensley		
<input type="checkbox"/> ACM recommends Council approval prior to submission of grant application.			

When all approvals or any denial is received, please return this form to the Departmental Grants Contact.

[Signature]



## REQUEST FOR GRANT CONSIDERATION FORM PARD ADDENDUM

With submittal of the Request for Grant Consideration Form attached, I accept the role of Grant Manager should approval be granted to apply, should the grant be awarded by granting agency or entity and should acceptance of the grant award by City Council be granted. As the Grant Manager my role includes application, oversight, management, spending decisions, service/project delivery, expenses, reporting, deliverables and all day to day responsibilities needed to accomplish the requirements of the grant.

David Chell  
Grant Manager Signature

8-8-17  
Date

If the Grant Manager listed above should change I will re-assign this role to staff within my responsibility or I will assume responsibility as the Grant Manager.

T. M. CABIN for L. MASSIE 08.31.17  
Division Manager Signature Date

### Financial Services Division Acknowledgement

Michelle Jones  
Grants Coordinator Signature

8/31/17  
Date

[Signature]  
Manager

Pamela Jones  
Accountant Signature

8/9/2017  
Date

[Signature]  
Manager

*This addendum can be executed in conjunction with the Request for Grant Consideration Form.*

**Attachment: City of Austin Request for Grant Consideration Form**



From the Desk of Natasha Jackson  
512-974-9483

PARD Grant Coordinator

Check and Forward

1. Beverly Mendez – for review

2. Suzanne Piper – for signature

3. Lucas Massie – for signature

4. ~~Kimberly McNeeley~~ – for signature

5. ~~Mac Montana~~ – for signature

6. Sara Hensley – for signature

*Perkins Smith*  
*Liana Kallivoka (Acting)*  
*Not required; no new money being asked for per SP 8/31/17*

☐

For Your Signature

☐

Prepare A Response

☐

For Your Approval

☐

Per Your Request

☐

For Your Information

☐

To Be Filed

☐

Investigation Information

☐☐

Recommendation For Your Review

☐

Comments:

Please review the Request for Grant Consideration Form to apply for the Federal Transit Administration: Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities funding opportunity in the amount of \$248,000. No additional funds are being requested to meet the required match amount (see attached email). The due date for this grant is September 1, 2017.

Date: 08/22/2017

Signature: *[Signature]*

Extension: 4-9483