

RISK ASSESSMENT FOR GRANTS



INITIATING DEPARTMENT: _____

CONTACT NAME: _____

EMAIL: _____

PHONE: _____

GRANT INFORMATION

Name of Grant:	
Application Deadline:	
Funding Agency:	
Funding Type:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local
Grant Summary:	
Total Available Grant Funding (\$):	
Proposed Request (\$):	
Chance of Success:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Match Funds Required (\$):	
Net Cash Outflow:	<input type="checkbox"/> Advance Payment <input type="checkbox"/> Installments <input type="checkbox"/> Reimbursements Year(s) and dollars if know:
Other Divisions Involved:	<input type="checkbox"/> Finance <input type="checkbox"/> Fire <input type="checkbox"/> Community Dev. <input type="checkbox"/> Parks & Rec. <input type="checkbox"/> Police <input type="checkbox"/> Other:
Administrative Burden:	
Application Prep:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Administration/ Management:	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

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PROJECT FUNDED

Project Name:	
Project Summary:	
Total estimated Project Cost:	Initial capital: \$ _____ Long-term maintenance (including staffing): \$ _____
Status of Project:	<input type="checkbox"/> Funded and ready for implementation <input type="checkbox"/> Partially funded (contingent on funding) <input type="checkbox"/> New proposed project

RISK ASSESSMENT

Does the project align with the grant criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the grant's timeline fit with the project's timeline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can we meet the matching requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the initiating department able to adequately manage the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there other considerations? If so, please describe.		
Summary of Grant Review Committee comments/ recommendation:		
Originating Department:	Recommend Application <input type="checkbox"/>	Do Not Recommend Application <input type="checkbox"/>
Executive Management:	Recommend Application <input type="checkbox"/>	Do Not Recommend Application <input type="checkbox"/>