

CITY OF CHINO GRANT INFORMATION FORM

Fiscal Year of Grant _____

Date City Council Approved _____

City of Chino Grant # _____

City Department: _____ City Staff Administrator: _____

U.S. Dept. Agency: _____ Federal CFDA # _____

Pass-through Agency: _____ Pass-through No. _____

Grant Program Title: _____

Funding Period: _____ Extended Through: _____

Reporting Requirements: _____

(Example: Report to pass-through agency quarterly.)

Type of Grant (✓):

Federal _____

State _____

County _____

Other _____ Type: _____

Method of Funding (✓):

Advance _____ Reimbursement _____

Frequency of Funding (): At Completion _____

Monthly _____ Quarterly _____ Annually _____

Total Amount from Granting Agency: \$ _____ City Matching Funds: \$ _____

City Expenditure Account Number: _____

City Revenue Account Number: _____

Does the funding agency require a compliance audit? _____ Yes _____ No

If yes, what kind of report? _____ Single Audit _____ Compliance

Does the funding agency require a copy of the Single Audit report? _____ Yes _____ No

Will any grant funds be carried over to other fiscal years? _____ Yes _____ No

If yes, which years? _____

Is allocated interest a grant requirement? _____ Yes _____ No

City Program and/or Purpose of Grant: _____
