GRANT REVIEW FORM

For new and continuing proposals or formula grant agreements

DUE by or before minimum 15 business days prior to the application due date

SIGNATURE PAGE

➲All grant documents require the approval of the County Administrator for submission on behalf of Hillsborough County. Board of County Commissioners (BOCC) Grant Administration Policy 03.01.03.00 requires notification to the grants management office (GMO) before or by a minimum of 15 business days prior to the application submission deadline. Due to the necessary review and routing for signatures, especially that of the County Administrator acting as the Authorized Organizational Representative (AOR), you are encouraged to prepare and submit this form well in advance of a submission deadline.

➲Your project will be reviewed and analyzed by a grants review committee to determine that it aligns with County strategic priorities, to examine the total effects and costs to the County due to matching requirements or new operating costs, whether indirect costs are allowed and charged, and whether General Fund revenues are necessary to support the project after the expiration of the grant. Therefore, answer all questions or indicate if not applicable, and provide narrative ample enough to permit a substantive review by the committee. During review additional information may be requested.

➲Obtain the signature of your department director and your chief administrator, then route to the GMO for processing and include all grant forms requiring signature by the AOR. In the event that the form is incomplete or requires editing, the GMO will contact you to make edits or revisions to the form without re-obtaining department director signature; however, any substantive changes such as program narrative, activities & tasks, or to the budget will require a new signature of the initiating department director.

➲Once your grant application is authorized, the review form and all grant related forms will be routed by GMO staff to the County Administrator for signature approval. All signed documents will be returned to the department prior to the grant submission deadline.

APPLICATION DUE DATE (MM/DD/YY): _____

GRANT REVIEW FORM DUE DATE (MM/DD/YY): _____

Descriptive title of your project/program: _____

County department or agency initiating submission: _____

Application Point of Contact: _____ TEL#: _____

I APPROVE OF THIS GRANT APPLICATION AND WILL ENSURE RESOURCES ARE AVAILABLE TO SUCCESSFULLY IMPLEMENT AND MANAGE THE AWARD

Department Director	Date
Chief Administrator (or Head of Organization for external agencies)	Date

---

RETURN COMPLETED, SIGNED FORM TO GMO FOR COUNTY ADMINISTRATOR APPROVAL

I APPROVE OF THE SUBMISSION OF THIS GRANT APPLICATION ON BEHALF OF HILLSBOROUGH COUNTY

County Administrator	Date

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**

FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE

Form 03-22-19 (Replaces all previous forms)

GRANT REVIEW FORM

For new and continuing proposals or formula grant agreements

DUE by or before minimum 15 business days prior to the application due date

GRANT SUMMARY PAGE (NOTE: TAB TO NEXT FIELD – DO NOT CLICK ENTER)

PROJECT/GRANT MANAGEMENT

Grant Project/Program Manager: _____ TEL#: _____

Grant Award/Fiscal Manager: _____ TEL#: _____

GRANTOR INFORMATION (OBTAIN FROM FUNDING ANNOUNCEMENT)

Granting Agency: _____

Funding Opportunity Title: _____

CFDA#: _____ CSFA#: _____ N/A ☐

Funding source: federal ☐ federal pass-through ☐ state ☐ state pass-through ☐ other ☐

Grant type: allocation/formula/block ☐ continuation/renewal ☐ new competitive ☐

Period of performance (MM/DD/YY): begin date _____ end date _____

FUNDING REQUESTED (OR AWARDED IF FORMULA GRANT)

Total funding requested or awarded (A): _____

Is this grant in the adopted budget? YES ☐ NO ☐ Amount appropriated: $0

Total MANDATORY Match/Cost Share (B): $0 N/A ☐ (contact GMO to discuss voluntary matching)

Is match pre-budgeted or available in adopted budget? N/A ☐ NO ☐ YES ☐

Identify match sources: N/A ☐ _____

Number of new or existing FTEs funded: N/A ☐ New: 0 Existing: 0

Administrative allowance permitted? YES ☐ (enter allowance rate: _____) NO ☐

Indirect Costs permitted? YES ☐ NO ☐ N/A ☐

    - If YES, indirect costs must be charged. Click HERE to obtain dept/division IDC rate.

Additional County project/program funding (C): $0.00

TOTAL PROJECT COSTS (from above): funding requested (A) + required match (B) + additional county funding (C):

    - _____

PROJECT PARTNERS AND SUBRECIPIENTS

NO ☐ YES ☐ TBD ☐ (Check TBD if presently unknown)

If YES, list all external partners and identify if a subrecipient/subawardee. If you need additional space please list on a separate sheet of paper and attach. For more information re: subrecipients vs. vendors, see HCO Grants Administration Handbook Chapter 7: Grant Subcontracting and Subrecipient Monitoring Procedures.

_____   Subrecipient? YES ☐ NO ☐

_____   Subrecipient? YES ☐ NO ☐

_____   Subrecipient? YES ☐ NO ☐

_____   Subrecipient? YES ☐ NO ☐

_____   Subrecipient? YES ☐ NO ☐

Identify any other County department(s) that will receive funding through this award: N/A ☐

Dept: _____ POC: _____ Tel#: _____

Dept: _____ POC: _____ Tel#: _____

Dept: _____ POC: _____ Tel#: _____

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**

FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE

Form 03-22-19 (Replaces all previous forms)

FUNDING REVIEW SUMMARY PAGE INSTRUCTIONS

On the following page, you will need to answer the following two fundamental questions:

1. Describe the funding opportunity (obtained from grant opportunity guidelines)
   - Who are eligible applicants?
   - What is the funding meant to support?
   - What are the eligible activities or expenditures?
   - What are ineligible activities or costs?
   - Are there any unique features of the opportunity?

2. Describe your proposed project (in ample narrative to merit substantive review by the committee)

Here is where you sell your proposed project to the grants review committee and the County Administrator. Tell your audience what you want to do, and how or why it will improve the lives of Hillsborough County citizens. Be specific.

- What are your goals and outcomes?
  - How will they be achieved?

- Will you use third-party sources?
  - Who and why?
  - How did you select them?

- Is the project funding new personnel?
  - Why?
  - What will they do?
  - Are they temporary – if not, how will the positions be sustained after the grant?

- How will the entire project/program be sustained after the grant is over?

FUNDING REVIEW SUMMARY PAGE

Continue to prepare your proposal application while waiting for grant review committee feedback. For guidance on answering these questions see examples following BUDGET page. Form fields are unlimited in length to allow ample narrative to merit substantive review by the grants review committee.

Describe the funding opportunity (OBTAIN FROM FUNDING ANNOUNCEMENT)

Describe your proposed project (IN AMPLE DETAIL TO MERIT SUBSTANTIVE REVIEW BY COMMITTEE)

GRANT REVIEW FORM

For new and continuing proposals or formula grant agreements

DUE by or before minimum 15 business days prior to the application due date

BUDGET PAGE

Identify each major task/activity and subawardee(s), and provide estimated budget needs. Match/cost share should be included as a component of each cost element. New federal grants guidance requires applicants to explain in their proposals how financial data relates to outcomes and program performance. Therefore, as you develop your budget, think about how your activities align program accomplishments to financial performance. Lastly, if indirect costs or administrative allowance are permitted they must be budgeted.

GRANT PROJECT ACTIVITY, TASK, OR SUBAWARD EXPENSES NOTE: Amounts should agree with funding request and match requirements identified on Grant Summary page	(A) Grant Funding Requested/Awarded	(B) Required Match (cash/in-kind)	(C) Additional County Project Funding (not cost share)
1.	$0	$0	$0
2.	$0	$0	$0
3.	$0	$0	$0
4.	$0	$0	$0
5.	$0	$0	$0
6.	$0	$0	$0
7.	$0	$0	$0
8.	$0	$0	$0
9.	$0	$0	$0
Indirect Costs/Administrative Allowance Rate: % **(If these costs are allowed they MUST be budgeted)**	$0	$0	$0
TOTAL ESTIMATED GRANT EXPENSES	**$ 0**	**$ 0**	**$ 0**
GRANT REVENUES Identify source of funds from Grant Funding Summary page. NOTE: estimated grant expenses must equal requested grant revenues			
Federal	$0	$0	$0
State	$0	$0	$0
Other/Local	$0	$0	$0
TOTAL ESTIMATED GRANT REVENUES	**$ 0**	**$ 0**	**$ 0**

Budget Narrative: Identify and explain the need for proposed line item costs above. **Costs should tie back to activity performance.**

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**
FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE
Form 03-22-19 (Replaces all previous forms)

GRANT REVIEW FORM
For new and continuing proposals or formula grant agreements
DUE by or before minimum 15 business days prior to the application due date

GRANT REVIEW FORM DEFINITIONS

SIGNATURE PAGE
- Application due date: deadline to submit or date due in granting agency.
- Grant review form due date: BOCC policy deadline to notify GMO of grant application.
- Descriptive title of grant: this sets the tone for your proposal - make it clear, descriptive and interesting.
- County department/agency initiating submission: the department or agency initiating the proposal.
- Application Point of Contact: person who will be liaison to GMO and can answer questions on nature and status of the application.
- SIGNATURES: form must be signed by the department director and chief administrator under which your department is managed.

PROJECT/GRANT MANAGEMENT
- Grant Project Manager: primary person responsible for operational or programmatic activities on the project.
- Grant Award Manager: primary person responsible for managing the financial requirements of the award.

GRANT INFORMATION
- Granting Agency: name of the agency or organization requesting application.
- Funding Opportunity Title: the name used by the funding agency that identifies the grant program.
- CFDA#/CSFA#: Catalog of Federal Domestic Assistance or Catalog of State Financial Assistance number.
- Funding Source: the type of funding revenue coming from Grantor. Federal=direct funds from federal agency; federal pass-through=federal funds awarded by a non-federal entity; state=funds from the state of Florida; state pass-through=state funds awarded by a non-state entity; other=funds from all other sources other than federal or state sources.
- Grant Type: indicate the classification of your proposal. Allocation/Formula/Block: a grant for which the amount is established by a formula based on certain criteria based on legislation and program regulations; New Competitive: a grant awarded on the basis of a competitive process; Continuation/Renewal: a grant funded after the initial award, for a project which has more than one budget period in its approved project period.
- Period of Performance: the dates you expect your project will begin and end. (Note: begin date should generally be at least 6 months from the due date of proposal; end date is usually defined in funding announcement)

FUNDING REQUESTED OR AWARDED
- Total Funding Requested or Awarded: total of your estimated costs requested from grantor OR total amount awarded if allocation/formula/block grant agreement.
- Is grant in the adopted budget? If yes, indicate amount appropriated.
- Match/Cost share required? If yes, provide the total required for participation. (Note: Match, cost share, in-kind, etc. are all synonymous, interchangeable terms.)
- Is match pre-budgeted/available in the adopted budget? Check either Not Applicable or Yes/No.
- Identify match sources: indicate where match is coming from (i.e. reserves for contingency, third-party source(s), CIP, etc.)
- Number of new or existing FTEs funded: if grant is to fund new or existing FTEs, enter number.
- Administrative allowance or indirect costs allowed? If yes, enter the percentage or dollar amount allowed.
- Identify whether administrative allowance or indirect costs (IDC) are charged: If allowed but not charged please explain why.
- TOTAL PROJECT COSTS: equals total funding requested/awarded (A) + total cost share (B).

PROJECT PARTNERS AND SUBRECIPIENTS
- List partners and identify whether they will be a subrecipient. N/A is none. Check to be determined (TBD) if picked later.
- Identify all other county departments that will receive award funding. N/A is none.

FUNDING REVIEW SUMMARY
- See the following examples of Sample Answers for which the review committee will be looking. This is where you need to sell your project to the grants review committee and executive management.

BUDGET
- Provide the estimated budget needs per each major activity/task and identify funding amounts for any subawards. Break out costs requested from grantor vs. any required cost share.
- Include administrative allowance or indirect costs requested.
- Identify the amount of revenue anticipated from each source – federal, state, or other/local.
- Budget Narrative: Identify/explain why you need the items in your proposed budget. Should tie back to activity performance.

INCLUDE ALL APPLICATION FORMS REQUIRING AUTHORIZED SIGNATURE WITH THIS FORM

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**
FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE
Form 03-22-19 (Replaces all previous forms)

GRANT REVIEW FORM

For new and continuing proposals or formula grant agreements

DUE by or before minimum 15 business days prior to the application due date

EXAMPLES FOR ANSWERING FUNDING SUMMARY

Describe the purpose of the grant program: (i.e. what does the opportunity fund?)

Example: Federal Justice Assistance Grant (federal JAG) formula grants are allocated to each county or municipality based on population size and crime rates. The funds are used to prevent and control crime. Grant funds may only be used in the following program areas: Law enforcement; prosecution and court programs; prevention and education; corrections and community corrections; drug treatment and enforcement; planning, evaluation, and technology improvement; and crime victim and witness programs.

Describe the details of your project: (i.e. what do you want to do with the funding?)
Here is where you sell your proposed project to the grants review committee and the County Administrator. Tell your audience what you want to do, and how or why it will improve the lives of our citizens. Be specific – what are your goals and outcomes? How will they be achieved? Will you use third-party sources? Who and why? How did you select them? Is the project funding new personnel? Why? What will they do? Are they temporary – if not, how will the positions be sustained after the grant? How will the entire project/program be sustained after the grant is over?

Example: • **Grant Management - Strategic Planning & Grants Management Department**
The grant is structured so that all activities of the Department's Criminal Justice Unit are eligible uses including grant and non-grant activities. As the designated point of contact for the grant, **specific grants management activities are required:** The Department monitors/tracks the status of each program, processes subrecipient requests for reimbursement, prepares orders, processes other financial transactions, prepares and ensures timely and accurate submission of required financial and programmatic reports, provides all requested information and supporting documentation to the grantor during onsite or desk monitoring, performs site and/or desk reviews annually to verify that sub-recipients are meeting program goals, determines whether expenditures are allowable and necessary to support program objectives, monitors compliance with funder guidelines and County requirements, develops action or remediation plans if a program is not performing as expected. In addition the Department develops the grant application and budget, prepares delegated items, agenda items including budget amendments, agreements and correspondence.

WHAT ARE THE ACTIVITIES?

In the broader context of eligible uses, Criminal Justice staff **provide technical assistance to stakeholders and criminal justice partners**, including encouraging use of evidence based/best practices to address identified community problems and emerging trends; sharing information, identifying problems, formulating solutions, responding to inquiries, interpreting award documents, explaining contracts or County policy, interpreting monitoring tools, and gathering data.

HOW?

• **Community Based Youth Crime Prevention - Crisis Center of Tampa Bay**
The evidence-based *Strengthening Families* model is used to address risk factors and behaviors in youth and families that are likely to lead to delinquent and criminal behavior. **The goal** is to reduce youth crime and the number of youth entering the juvenile justice system through a 14-week guided course. The course components are specifically designed for high-risk families and are proven to foster closeness, instill a sense of community and bridge communication within the family unit. This model assesses families and provides tools **to help them build missing skills and strengthen family connections** with coaching and guidance.

GOALS?

Families are taught to begin making clear/rational decisions and begin to solve problems differently. Advocacy, case coordination, case management, and referral or **linkage to other resources** are available, through partner agencies, for families requiring additional services. The program will serve approximately 380 youth and family members a year.

HOW WILL YOU ACHIEVE YOUR GOALS?

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**
FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE
Form 03-22-19 (Replaces all previous forms)

GRANT REVIEW FORM

For new and continuing proposals or formula grant agreements

DUE by or before minimum 15 business days prior to the application due date

---

EXAMPLES FOR ANSWERING FUNDING SUMMARY

- **Drug Take Back Initiative – Multiple Agencies**

A collaborative effort between the County, the Sheriff, Tampa Police, and Prescription Drug Task Force, the goal is to reduce the amount of prescription drugs in the community, avoid misuse or diversion by teens and others, prevent accidental overdoses or death, and provide a service to residents who are unsure of how to safely/properly dispose of unwanted medications. Funds are used to purchase additional permanent drug take back boxes for placement throughout the County and to obtain materials which advertise their locations and this service. Since October 2013, when the first boxes were placed, 1,907 pounds of prescription drugs have been collected.

> **IDENTIFY PARTNERS OR SUBRECIPIENTS**
>
> **WHAT WILL THEY DO?**
>
> **WHY DID YOU CHOOSE THEM?**

- **Workload/Efficiency Study - Public Defender**

> **IDENTIFY GOALS AND HOW YOU ACHIEVE THEM.**

The project supports an outside evaluation of the Public Defender's (PD) workload and caseload assignment practices to increase effectiveness while insuring due process. The **overall goal is to create workload efficiencies by moving from a quantitative assignment of cases to a qualitative assignment of cases** for its attorneys through a case weighting system for workflow assignment.

- **Crime Prevention - Hillsborough Code Enforcement Department**

The project funds one Law Enforcement Liaison (LEL) at 2,080 hours to implement evidence based crime control model: *Crime Prevention through Environmental Design* and *Broken Windows Theory*. *Crime Prevention through Environmental Design* strategies rely upon the ability to influence offender decisions that precede criminal act. This is accomplished by altering the environment, even in small ways, by removing overgrowth, trash and graffiti; and in larger ways by closing open air drug markets or havens for illicit drug use or prostitution. *Broken Windows Theory* relies upon maintaining urban environments in well ordered condition to stop further vandalism and more serious crimes from occurring. Activities include gang graffiti abatement, community anti-gang task force participation, community sweeps, and organizing four or more week-long community clean up events known as "Fight the Blight." Abandoned properties are cleaned and boarded up to eliminate vandalism and vagrancy while identifying and remedying code violations, and uncovering theft of utilities, animal cruelty or hoarding, and animal fighting, as well as uncovering signs of illicit drug use, open air drug markets, manufacture of methamphetamines, marijuana grow houses, child/elder endangerment, and other unintended uses of property that threatens public safety.

> **IDENTIFY NEW OR EXISTING FTE PERSONNEL FUNDED BY THE GRANT AND WHAT THEY WILL DO.**
>
> **ARE THEY TEMPORARY?**
>
> **HOW WILL THE POSITION(S) BE SUSTAINED AFTER THE GRANT IS OVER?**

EMAIL completed form as MS WORD and signature page as PDF to: **GRANTS@HILLSBOROUGHCOUNTY.ORG**

FOR HELP IN COMPLETING THE FORM CONTACT 813-307-3664 FOR ASSISTANCE

Form 03-22-19 (Replaces all previous forms)