

**New Grant
(Funding Source and Project Request)
City of Columbus- Auditor's Office**

Date: Requestor: Phone:

Grant Title:

Ordinance:

Description of grant:

Grant Type (original funding source): Grant ID Number:

Grantor Agency (original funding source): Catalog of Federal Domestic Assistance (if applicable):

Does this grant pass-through another Agency?

Grant Customer (Agency that receives reporting and billing):

Grant Customer Type:

Grant Period: From: To:

Method of Receiving Funds (check box):

Is this Grant Required to Earn Interest?

Is there a required City Match?

Amount:

	USD	Percentage
Award Amount:	\$ 256.00	80.00%
Program Income/ Fees:	-	-
Cash Match:	64.00	20.00%
	\$ 320.00	100.00%

Financial Dimensions:

Department:

Division:

Fund:

Subfund:

Program:

Special Note:

Grant Type: Federal
State
County
Private
Other
City

Yes
No