

**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:	\$ 25,950.00	100.00%
Program Income/ Fees:	-	-
Cash Match:	\$ 25,950.00	100.00%

Financial Dimensions:

Department:

Division:

Fund:

Subfund:

Program:

Special Note:

Grant Type: Federal  
State  
County  
Private  
Other  
City

Yes  
No