

GA-50-18



City of Annapolis
Office of the Mayor
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Grant Briefing Document

From:

Name Roberta G. Laynor Phone 410-260-2200

Department Planning & Zoning

This grant is New Annual/Repeating

This is a request to:

Review, approve, and/or sign a grant agreement/award

Other _____

Grant title FFY 2018 Certified Local Government Education and Training Grant

Grantor Maryland Historical Trust Amount \$ 2,400.00

Attestation:

Match is *not* required.

Match is required. Match will be met in the form of e.g. cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency. _____

Director's signature *[Signature]* Date 6/13/18

Department Planning & Zoning

Routing

	Initials	Date In	Date Out	Comments
<input checked="" type="checkbox"/> Originating Dept Director	<i>RL</i>	<i>6/13/18</i>	<i>6/13/18</i>	
<input checked="" type="checkbox"/> Grants Coordinator	<i>MP</i>		<i>6/14/18</i>	<i>* initials only *</i>
<input checked="" type="checkbox"/> Finance Director	<i>MA</i>		<i>6/14/18</i>	
<input checked="" type="checkbox"/> City Attorney				
<input checked="" type="checkbox"/> City Manager				
<input checked="" type="checkbox"/> Mayor				
<input checked="" type="checkbox"/> City Clerk				
<input checked="" type="checkbox"/> Finance Committee				
<input checked="" type="checkbox"/> Finance Dept				
<input type="checkbox"/> Return to Originating Department				

Grant period 5/1/18 - 7/31/19 Amount of request or award 2,400.00
Due dates July 31, 2019

Provide a short narrative, including program description, purpose of funds and special features, e.g., environmental impact implications, notarization required.

Staff Training & Attendance at the National Alliance of Preservation Commission Biennial Forum in Iowa in July 2018 for the Historic Preservation Commissioners & the Chief of Historic Preservation.



GRANT BUDGET FORM

Grant Title FY2018 CERTIFIED LOCAL GOVERNMENT

Grant Award (\$) 2,400.00

Originating Department(s): Planning + Zoning

Dept Contact (Name/Phone): ROBERTA LAYNOR / 410-260-2200

Expenditure Account	Revenue Source				Total per Expend. Type	Comments
	Federal	State	Local (Matching)	Other		
Salaries					0.00	
Benefits					0.00	
Overtime					0.00	
Supplies					0.00	
Telephone					0.00	
Electricity					0.00	
Fuel and Oil					0.00	
Training & Education		2400			2400 0.00	
R & M - Equipment					0.00	
Special Programs					0.00	
Contract Services					0.00	
Capital Outlay					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
other (fill-in)					0.00	
Total	0.00	0.00	0.00	0.00	2400 0.00	

TOTAL EXPENDITURES*: 2400.00

* May be different from Grant Award \$ if there is a match requirement.

Match is not required.

[Signature]
Department Director Signature/Date

Planning & Zoning
Department

Match is required. Match will be met in the form of ⁽¹⁾ _____

I attest that this asset has been approved/appropriated in ⁽²⁾ _____

Department Director Signature/Date

Department

COMMENTS:

(1) Examples (include dollar amounts if applicable): Cash match, equipment loan, staff salaries, volunteer time, contribution from non-City agency.
(2) Examples: FY __ operating budget, a memorandum of understanding, City Council resolution/ordinance.