Appendix A

Summary of Grant Application for City Administrator Review

Funding agency (if a State agency, it is also important to note if funds)	these a	e pass	-through
Fair Food Network			
Grant name and program description and Project Name/File Num	ber (if a	pplicab	le):
Double Up Food Bucks			
Program Award Amount: \$_50,000			
Service Area contact person (grant administrator) (name, title, ph	one #):		
Stefanie T. Stauffer, PhD, Market Manager 734.794.6255			
Grant Application Questions:			
	Yes	No	N/A
Does the grant require matching funds? If yes, how much?	7	X	IN/A
Does the grant require an appropriation adjustment from City Council?	X		
If the grant funds FTEs, is there a requirement to retain those employees	Λ		Х
for a certain period of time? If yes, how many years?	<u>'</u>		
If the grant funds capital outlay, is there a requirement to track the equipment for a certain number of vears after the grant award? If yes, how many?			Х
If the grant has special reporting requirements, have those been discussed with Finance?	Х		
If the grant has special banking requirements to receive funding, have those been discussed with the City Treasurer?			X
Are there other commitments that the City will be making if this grant is awarded?		X	
Submitted by:	te:	05/10/2	23
Finance Director Approval: Da	ate:		
City Administrator Approval: Da Return Completed Form to the Finance Director after all approv	te: /als are (