

# KIB - Grant Information

## GRANTOR INFORMATION:

Prime Grant Name: \_\_\_\_\_ Federal / State

Sub Grant Name: \_\_\_\_\_ Federal / State

Grant Award Number: \_\_\_\_\_

CFDA Number: \_\_\_\_\_  
(Catalog of Federal Domestic Assistance)

Award Amount: \_\_\_\_\_

KIB Resolution/Ordinance #  
and Assigned Contract # \_\_\_\_\_ KIB Assigned Contract Number  
(3.25.040 (B))

Grant Period: \_\_\_\_\_ Starting Date \_\_\_\_\_ End Date

Grantor Contacts: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Initial contact: \_\_\_\_\_

Operational contact: \_\_\_\_\_

Financial contact: \_\_\_\_\_

KIB Project Manager: \_\_\_\_\_

KIB Admin Dept/staff: \_\_\_\_\_ Narratives \_\_\_\_\_ Financial \_\_\_\_\_

## KIB FINANCIAL / REPORTING INFORMATION

Reporting Frequency: \_\_\_\_\_ First Report Due Date \_\_\_\_\_

Funding Type: \_\_\_\_\_ (Upfront or Reimbursable)

Matching Funds Required: \_\_\_\_\_ (Fund and amount)

Assigned Fund / Project No.: \_\_\_\_\_ (expenses will be allocated to)

Admin Costs: \_\_\_\_\_ (Allowed/Not Allowed/How much)

Asset Creation: \_\_\_\_\_ (Yes/No/Description)