



City of Las Vegas

Grant Proposal Application Review (GPAR) Short Form Grant Overview

To be completed by the Grant Coordinator:

Date Application Received: 10/1/08
Grant Review Committee Tracking #: 295
Committee Meeting Date: 10/16/08

Part I – To be completed by the Sponsoring Department:

Date Prepared: 11/18/09

Department: Planning & Development	Division: Long-Range
Grant Lead/Contact Person: Courtney Mooney	Phone: 229-5260
Funding Agency: NV State Historic Preservation Office	Name of Grant: 2010 Historic Preservation Fund Grant
CFDA#: 03-038-1610	Other Proposal or Application #, if applicable: N/A
Name of the Project/Program: City of Las Vegas 2010 Historic Preservation Fund Grant	Project/Program Manager: Courtney Mooney x5260
Is this a new project or program? ☐ Yes ☒ No	Has the project been funded by this grant before? ☒ Yes ☐ No
Does this grant meet a Performance Plus result measure or Key Performance Indicator (KPI)? ☐ Yes ☒ No	If so, please indicate which KPI(s) or results measure(s) this project addresses:
Please indicate which City Council Priority or Priorities this project addresses: ☒ Create, integrate, and manage orderly and sustainable development and growth of our community ☐ Manage cost and revenue resources to achieve efficient operations ☒ Support and encourage sustainability, livability, and pride in our neighborhoods ☐ Aggressively attract and retain diverse businesses ☐ Promote healthy lifestyles for all segments of the community ☐ Provide an open government which allows access, participation, and respectful communication ☐ Provide a safe environment for our residents, businesses and visitors using a community oriented approach ☒ Revitalize and invigorate our mature areas and the urban core	
The following questions in blue pertain to the city as fiscal agent. If not applicable, please leave blank.	
Does this grant fund existing permanent positions? ☐ Yes ☒ No	Does this grant fund new permanent positions? ☐ Yes ☒ No
Amount Requested: \$30,000	Grant Proposal Deadline: 8/31/11
Are matching funds required? ☒ Yes ☐ No	If yes, what is the match level? ☐ 1:1 match ☒ Percentage 40%
CLV Match: \$12,000	Match Sources: Personnel salary
Does funding from this grant begin in the current fiscal year? ☐ Yes ☒ No	Does funding from this grant last longer than three years? ☐ Yes ☒ No
The following questions help us identify return on investment (ROI) for grant writing.	
Number of hours it took staff to complete the grant proposal: 8	Please list any community partners: Beverly Green Neighborhood Association

Please provide a brief explanation of the program the grant will support and how the money will be used:
The proposed work will provide useful information about existing historic neighborhoods to the Planning and Neighborhood Services Departments for future preservation planning efforts. It will also contribute to the ongoing documentation of the rehabilitation project for the historic U.S. Post Office and Courthouse. The final products will contribute greatly to the public awareness and general knowledge about the history and development of Las Vegas.

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the coordination and management of any funds awarded to the City under this Grant and will adhere to any policies and procedures set for by the



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Grantor and its related agencies or agents, as well as those of the City, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- ☐ A copy of the Grant Application Instructions/Guidelines, as supplied by the Grantor/Pass-Through Agency
- ☒ The original, completed, signed Application, including Grants.gov electronic application, where applicable
- ☐ The completed application in electronic format (via SharePoint application repository or e-mail, preferably)
- ☒ All attachments, back-up documentation, or amendments to be submitted to the Grantor in support of the application

Part I – To be completed by the Applicant Department Director or designee prior to submission to the Grant Review Committee:

The Director has reviewed the completed Grant Proposal Application Review (GPAR) packet, and the application is:

- ☒ **Approved:** The Application may be submitted to the Grant Review Committee.
- ☐ **Follow Up Required:** Further information or amendments are required. See 'Comments' below.
- ☐ **Denied:** See 'Comments' below.

Department Grant/Program
Manager Name:

Yorgo Kagafas

Department Grant/Program
Manager Phone Number:

x 6196

Department Director/Designee Printed Name

Department Director/Designee Signature

Date Signed

Comments:



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Common Questions from the Grant Review Committee

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Part II – To be completed by the Sponsoring Department:

1. If the city is not awarded this grant, will your department still implement this program?
No.
2. If the funding is not renewed after the first grant year, will the program continue?
No.
3. If the program will continue, what is the contingency (back-up) plan for funding?
4. If partial funding is awarded, rather than the full grant request, do you intend to lower the number of citizens served or reduce the program services?
☒ **Not Applicable**

☐ **No** If no, please explain how planned levels will be maintained:

☐ **Yes** If so, what have you identified as the correlating reductions in services?
5. If the city is to act as fiscal agent for this grant, but the funding will be used by project partners, has it been established that the project partners will be required to assume fiscal responsibility at a future date?
☐ **No** If no, please explain how planned levels will be maintained:
N/A

☐ **Yes** If so, what have you identified as the correlating reductions in services?
6. If so, what is the planned transfer of fiscal responsibility (attach any documents that support the planned transfer)?
N/A
7. Have protections been established to protect the city as fiscal agent from the following:
 - Loss of city revenues due to cost of managing the program? ☐ **Yes** ☐ **No** ☐ **Don't Know** ☒ **N/A**
 - Inability of the proposed responsible entity to assume fiscal agent role? ☐ **Yes** ☐ **No** ☐ **Don't Know** ☒ **N/A**
 - Provisions for hiring staff, who are not city employees, to manage the program (legal protection for the city)? ☐ **Yes** ☐ **No** ☐ **Don't Know** ☒ **N/A**

Please explain how these protections have been established and attach all documentation necessary to support these (Memorandums of Understanding, contractual agreements, timelines for relinquishment of fiscal agency, etc.) plans to protect the city from liability:

Additional Comments:



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Grant Review Committee Decision

To be completed by the Grant Coordinator:

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Part I – To be completed by the Grant Coordinator:

The Grant Review Committee has reviewed the application, and the application is:

- ☐ **Provisionally Approved:** The Application/Proposal may be submitted to the funding agency for review/award.
- ☐ **Follow Up Required:** Further information or amendments are required. See 'Comments' below.
- ☐ **Deferred to the City Manager's Office:** *The Committee has concerns that they feel need to be addressed at the Deputy City Manager's level for approval.* Deferred to Deputy City Manager .
- ☐ **Denied:** See 'Comments' below.
Grant applications denied by the Grant Review Committee are referred to the City Manager's Office for final review by the Deputy City Manager responsible for the grant applicant's department. Referred to Deputy City Manager .

Deferral/Denied-Referral Comments:

Becky Jo Spray /s/
Grant Coordinator

Date Signed

Grant Award Status

Part I – Award Notification:

The funding agency for this grant has supplied a letter indicating that the grant:

- ☐ was approved for the following amount:
- Written notification was received by _____ on _____ (date) and a copy of the letter ☐ **has** ☐ **has not** been provided to the Grant Coordinator.
 - Written notification was received by _____ on _____ (date) and a copy of the letter ☐ **has** ☐ **has not** been provided to the Finance Analyst.

The funding agency for this grant has supplied a letter indicating that the grant:

- ☐ was not approved. Reasons for this, if any were indicated, include:

Written notification was received by _____ on _____ (date) and a copy of the letter ☐ **has** ☐ **has not** been provided to the Grant Coordinator.

Written Notification received by the Grant Coordinator on _____ . The copy of the Notification letter was placed in the grant application file on _____ per the Grant Coordinator.