

CITY OF MENIFEE
GRANT SUMMARY REPORT
FINANCE DEPARTMENT

FISCAL YEAR OF GRANT AWARD: 2024/2025 **DATE CITY COUNCIL APPROVED:** 10/02/2024
Grant Name: Economic Development Administration CEDS Grant **Granting Agency:** Economic Development Admini
City Department: Economic Development **City Grant Administrator:** Kayla Charters
Grant performance period: 2024/2025 **Type of Grant:** ☐ State ☒ Federal ☐ Local ☐ Other: _____

Grant Purpose/City Program:

This EDA planning investment supports the development and implementation of a comprehensive economic development strategy (CEDS) for the region served by the City of Menifee. These funds will be used to fund the completion of Menifee's 5-Year CEDS upon completion of a formal Request for Proposal (RFP) process.

If Federal Grant:		
Federal Awarding Agency:	<u>Economic Dev. Adminis</u>	Federal CFDA Number: <u>11.302</u>
If Pass-through Grant:		
Pass-through Agency:	_____	Pass-through Number: _____
Grant ID Number:	<u>-</u>	
Grant Funding Period:	<u>2024/2025</u>	Amended Through: <u>-</u>
Amount from Granting Agency:	<u>\$40,000</u>	Method of Funding: <u>Reimbursement</u>
City Matching Funds:	<u>\$40,000</u>	Frequency of Funding: <u>One-Time</u>
Total Grant Amount:	<u>\$40,000</u>	If other, please describe: <u>N/A</u>

City Expenditure Account No: 2301-50-ECD-XNCL-000-00000-652832 **City Revenue Account No:** 2301-00-XNC-XNCL-000-00000-441000

Reporting Requirements:

TBD

Does the funding agency require a compliance audit? N/A
If yes, what kind of report? _____
Additional reporting required: N/A
Does the funding agency require a copy of the Single Audit report? No
Is this a federal grant (subject to Single Audit)? Yes
Can grant funds be carried over to other fiscal years? No
If yes, which years? _____
Is allocated interest a grant requirement? No