



# INTERNAL GRANT APPLICATION FORM

Completed and Signed Copy of this Form **Must Be Attached** to all Grant Agenda Items

<b>DEPARTMENT:</b>	<b>DIVISION:</b>
<b>POINT OF CONTACT:</b>	<b>PROJECT MANAGER:</b>
<b>NAME OF GRANT:</b>	
<b>CFDA#/CFSA#:</b>	<b>FUNDING AGENCY:</b>
<b>AMOUNT REQUESTED: \$</b>	<b>GRANT DUE DATE:</b>
<b>PROJECT DESCRIPTION:</b>	
<b>MATCH REQUIRED:</b> <b>(IF YES, HOW MUCH :) \$</b>	<b>TARGET DATE TO COUNCIL:</b>
<b>REIMBURSEMENT GRANT:</b>	<b>REIMBURSEMENT SCHEDULE:</b>
<b>WHAT ARE THE REPORTING REQUIREMENTS?</b>	
<b>FUTURE REQUIREMENTS TO CONSIDER:</b>	

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Grants Administrator

\_\_\_\_\_  
Deputy Finance Director

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
City Manager