



INTERNAL GRANT APPLICATION FORM

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

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

Department Director

Grants Administrator

Deputy Finance Director

Finance Director

City Manager