



## 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><br><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