

Grant Application Request Form

Requesting Department: _____

Grant Manager: _____

Project Manager, if different: _____

Grant/Project Name: _____

Grant Number: _____

Grantor: _____

Grant Application Due Date: _____

Grant Description:

Need/justification for project:

Total Projected Project Cost: \$ _____

Grant (% or \$): _____

City Match (% or \$): _____

Type of application (new, renewal, modification, etc.): _____

Long and short-term effect on the City budget:

Grant program period (validity period): _____

Plans for continuation, if any, following grant termination:

Grant application is attached to this request. Yes / No. If no, explain.

Dept. Director Approval: _____ Date: _____

Finance Approval: _____ Date: _____

City Manager Approval: _____ Date: _____