
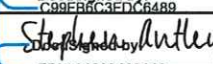

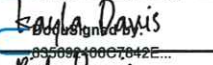
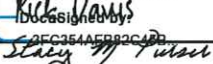
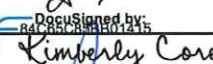
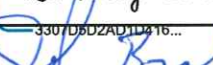
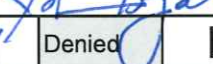


**CITY OF LEAGUE CITY
GRANT APPLICATION PRE-APPROVAL FORM**

| | | | | | |
|--|---|--|--------------------------------------|-----------------|--|
| Grant Name | New Grantee Operating Support | | | - Maddie's Fund | |
| Directorate/Department Applying for Grant | | | Proposed Grant Manager | | |
| Animal Services | | | Jasmine Okeefe | | |
| Awarding Grant Agency Name | | | Total Project Amount | | |
| League City Animal Care | | | 10,000.00 | | |
| General Purpose of the Grant | | | | | |
| The funds will be used for neonatal and medical supplies. | | | | | |
| Items the Grant Will Pay For | | | | | |
| Medications, formula, nursing supplies, diagnostic equipment, and other medical needs. | | | | | |
| Requires Council Approval? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | If yes, Proposed Agenda date? | March 2024 | |
| Amount or % Covered by Grant | 10,000 | | Amount or % Matched by City | 0 | |
| Grant Time/Performance Period | N/A | | Application Deadline | 2/29/2024 | |
| Estimated Annual Fiscal Impact: | Year One | Year Two | Year Three | | |
| Revenue Generated | | | | | |
| Grant Funds to be Received | 10,000 | | | | |
| City Match | 0 | | | | |
| Net Fiscal Impact | | | | | |
| In future CIP? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | If yes, what year? | | |
| Year One Currently Budgeted? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | (Choose Yes or No) | | |
| If no, how do you intend to fund City's match? | | | | | |
| No city match needed. | | | | | |
| Attach Supporting Grant Documentation for Approval | | | | | |
| Approval Order | Signature | Date | | | |
| Grant Manager |  DocuSigned by: C89E86C3EDC6489 | 2/13/2024 | | | |
| Department Head |  DocuSigned by: E770C1332130440... | 2/13/2024 | | | |
| Director |  DocuSigned by: C1EACB7E3E8E4C0... | 2/13/2024 | | | |
| Grant Administrator |  DocuSigned by: 835897400C7042E... | 2/13/2024 | | | |
| Assistant City Mgr. |  DocuSigned by: DFC354A5883C420... | 2/13/2024 | | | |
| Budget Manager |  DocuSigned by: 84C8388B012415 | 2/16/2024 | | | |
| Finance |  DocuSigned by: 3307DD2AD1D416... | 2/16/2024 | | | |
| City Manager |  | | | | |
| City Manager | Approved <input checked="" type="checkbox"/> | Denied <input type="checkbox"/> | Please Check One | | |
| Explanation or comments related to City Manager's decision. | | | | | |
| No match grant. Please move forward. | | | | | |