

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

Grant Name					
Directorate/Department Applying for Grant			Proposed Grant Manager		
Awarding Grant Agency Name			Total Project Amount		
General Purpose of the Grant					
Items the Grant Will Pay For					
Requires Council Approval?	Yes	No	If yes, Proposed Agenda date?		
Amount or % Covered by Grant			Amount or % Matched by City		
Grant Time/Performance Period			Application Deadline		
Estimated Annual Fiscal Impact:		Year One	Year Two	Year Three	
Revenue Generated					
Grant Funds to be Received					
City Match					
Net Fiscal Impact					
In future CIP?	Yes	No	If yes, what year?		
Year One Currently Budgeted?	Yes	No			(Choose Yes or No)
If no, how do you intend to fund City's match?					
Attach Supporting Grant Documentation for Approval					
Approval Order	Signature			Date	
Grant Manager					
Department Head					
Director					
Grant Administrator					
Assistant City Mgr.					
Budget Manager					
Finance					
City Manager					
City Manager	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Please Check One
Explanation or comments related to City Manager's decision.					