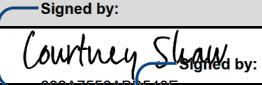
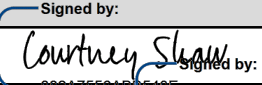




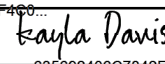
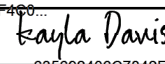


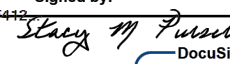
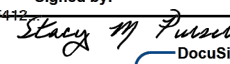
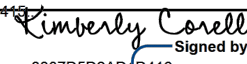
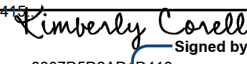




**CITY OF LEAGUE CITY
GRANT APPLICATION PRE-APPROVAL FORM**

Grant Name		General Victim Assistance Grant Program, FY2026	
Directorate/Department Applying for Grant		Proposed Grant Manager	
League City Police Department		Courtney Shaw	
Awarding Grant Agency Name		Total Project Amount	
Office of the Governor/Criminal Justice Division		\$278,949.80	
General Purpose of the Grant			
The purpose of this grant is to provide services and assistance directly to victims of crime to alleviate psychological and emotional trauma incurred as a result of the crime, therefore, speeding their recovery and aiding them through the criminal justice process.			
Items the Grant Will Pay For			
For FY2026, the General Victims Assistance Grant will fund 80% of the overall cost of maintaining the departments Crime Victims' Assistance Program. This will require the City to match the remaining 20% of operating costs.			
Requires Council Approval?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes, Proposed Agenda date? 01/28/2025
Amount or % Covered by Grant	80%		Amount or % Matched by City 20%
Grant Time/Performance Period	10/01/2025-09/30/2026	Application Deadline	02/13/2025 @ 5pm
Estimated Annual Fiscal Impact:	Year One	Year Two	Year Three
Revenue Generated	N/A	N/A	N/A
Grant Funds to be Received	\$223,159.84	N/A	N/A
City Match	\$55,789.96	N/A	N/A
Net Fiscal Impact	+\$167,369.88	N/A	N/A
In future CIP?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, what year?
Year One Currently Budgeted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(Choose Yes or No)
If no, how do you intend to fund City's match?			
The City will contribute \$55,789.96 in the form of salary & benefits and/or in-kind match (derived from volunteer/intern hours)			
Attach Supporting Grant Documentation for Approval			
Approval Order	Signed by:	Signature	Date
Grant Manager			1/14/2025
Department Head			1/14/2025
Director			1/14/2025
Grant Administrator			1/14/2025
Assistant City Mgr.			1/14/2025
Budget Manager			1/15/2025
Finance			1/15/2025
City Manager			1/15/2025
City Manager	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/>	Please Check One
Explanation or comments related to City Manager's decision.			