

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

<b>Grant Name</b>					
Directorate/Department Applying for Grant	Proposed Grant Manager				
Awards Grant Agency Name	Total Project Amount				
<b>General Purpose of the Grant</b>					
<b>Items the Grant Will Pay For</b>					
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		
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	<b>(Choose Yes or No)</b>	
If no, how do you intend to fund City's match?					
<b>Attach Supporting Grant Documentation for Approval</b>					
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"/>	<b>Please Check One</b>
Explanation or comments related to City Manager's decision.					