

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

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