



Request for Grant Application

Department Name _____ Department Grant Designee _____

Granting Agency _____ Grant Title _____

Project Name _____ Project Description _____

Project Timeline _____ **Recurring Grant:** Yes ☐ No ☐

Beginning and Ending Date

	Yes	No	Amount
1. Grant amount/Total project cost _____			
2. Anticipated grant match and amount	☐	☐	_____
3. Do you have the appropriate match on hand? If "No" please attach an explanation.	☐	☐	N/A
4. If required, do you have the necessary permits in hand? (Permits may take a year to receive)	☐	☐	N/A
5. Do you have a cost estimate for this project?	☐	☐	
6. Can this project be completed within the grant timeframe?	☐	☐	
7. Can you begin immediately after grant award?	☐	☐	
8. Multiple grants for this project?	☐	☐	

Grant Description:

Benefit(s) of Grant to City/Department:

Department Director Date 4/17/26

City Manager Date

Reviewed – Finance Director Date

Approved _____ Disapproved _____