

GRANT APPLICATION CHECK LIST

Department: _____

Grant Description: _____

Awarding Agency: _____

Match Required: Yes _____ No _____ If Yes, Amount: _____

Proposed Project: _____

Deadline for Application: _____

Deadline for Spend Down: _____

Reimbursement _____ or Prepaid Award _____

City Department Grant Coordinator: _____

Will an outside consultant be needed to develop specs? Yes _____ No _____

If Yes, What Type of Consultant? _____

List any special conditions of the grant: _____

Approved by Mayor: _____ Date: _____

Approved by Clerk-Treasurer: _____ Date: _____

Approved by Governing Board: _____ Date: _____

Grant awarded: Yes _____ No _____ Date of Notification: _____

Appropriation needed: Yes _____ No _____ Bidding required: Yes _____ No _____

If yes, Date of Opening: _____ Date of Award: _____

Date funds received: _____ Date funds expended: _____

Date grant closed out: _____