



OFFICE OF MANAGEMENT AND BUDGET

GRANT PRE-APPLICATION FORM

Rev: 07 |

GRANT PROGRAM INFORMATION

Grant Agency:

Grant Program Title

Grant Period:

Application Due Date:

Grant Website:

Grantor Contact:

Address:

Phone:

Fax:

Email:

PROJECT INFORMATION

Project Title:

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Brief Project Summary:

Grant Amount Requested:

Match Amount and Source:

Grant Project Budget:

Proposed Grant Budget by Line Item. Include any allowable Direct Administrative Costs

Revenue	Expenses

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Major Conditions and Deliverables:

Project Manager:

Other department(s) impacted by grant:

Has the City received this grant in the past?

Yes ☐ No ☒

Year: Amount:\$

Originating Department Comments:

Prepared by:

Date

Approved by (Department Director):

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DEPARTMENT REVIEW/APPROVAL

Grants Administration Comments:

Signature:

Date:

Budget Division Comments:

Signature:

Date:

Assistant City Manager Comments:

Signature:

Date:

City Manager Comments:

Signature:

Date: