



Grant Routing Sheet

COMPLETED GRANT OVERVIEW PROPOSAL MUST BE ATTACHED BEFORE ROUTING IS INITIATED

Date Routing Initiated: _____ Application Due Date: _____

Originating Department: _____ Department No.: _____

Submitter's Name: _____ Direct Telephone No. (_____) _____

E-mail Address: _____

Grant Title: _____

Other Participating Departments: _____

BEFORE COMPLETING AN APPLICATION:

- 1. READ THE GENERAL INSTRUCTIONS. _____ (Submitter's Initials)
2. COMPLETE GRANT PROPOSAL OVERVIEW. _____ (Submitter's Initials)
3. DEPARTMENT HEAD ORIGINATING DEPT. _____ Print Name _____ Signature _____ Date
4. ASSISTANT CITY MANAGER _____ Print Name _____ Signature _____ Date

BEFORE SUBMITTING AN APPLICATION TO THE AWARDING AGENCY:

- 5. PREPARE INITIAL DOCUMENTATION PACKAGE FOR REVIEW TO INCLUDE (EITHER HARD COPY OR ELECTRONIC): ALL DOCUMENTS RELATED TO THE GRANT, INCLUDING, BUT NOT LIMITED TO INSTRUCTIONS, ATTACHMENTS, EXHIBITS, GRANT DOCUMENTS, PRIMARY GRANT (IF SUBAWARDEE). _____ (Submitter's Initials)
6. COMPLETE APPLICATION EXCEPT NECESSARY SIGNATURES. _____ (Submitter's Initials)
7. BUDGET DIVISION _____ Print Name _____ Signature _____ Date
8. FINANCE DEPARTMENT _____ Print Name _____ Signature _____ Date
9. CITY ATTORNEY _____ Print Name _____ Signature _____ Date
10. SIGN and SUBMIT APPLICATION. _____ (Submitter's Initials)

AFTER GRANT AWARDED:

11. ADD AWARD LETTER TO DOCUMENTATION. _____ (Submitter's Initials)

12. ORIGINATING DEPT. _____
(Approval as to Content) Print Name Signature Date

13. RISK MANAGEMENT _____
Print Name Signature Date

14. HUMAN RESOURCES _____
Print Name Signature Date

15. BUDGET DIVISION _____
Print Name Signature Date

16. FINANCE DEPARTMENT _____
Print Name Signature Date

17. CITY ATTORNEY _____
Print Name Signature Date

18. CITY COUNCIL COUNCIL FILE NO.: _____

CREATE GRANICUS FILE _____
Print Name Signature Date

ATTACH GRANT DOCUMENTS _____
Print Name Signature Date

ROUTE FOR APPROVAL _____
Print Name Signature Date

19. ADD SIGNED RESOLUTION TO DOCUMENTATION. _____ (Submitter's Initials)

20. OBTAIN SIGNATURES _____
Print Name Signature Date

21. ORIGINATING DEPARTMENT TO RETAIN ORIGINAL DOCUMENTATION. _____ (Submitter's Initials)

22. DISSEMINATE ELECTRONIC COPIES TO (INITIAL WHEN DISSEMINATED):

CITY ATTORNEY: _____ (Submitter's Initials)

FINANCE: _____ (Submitter's Initials)

OTHER PARTICIPATING DEPARTMENTS (LIST):

_____ (Submitter's Initials)

_____ (Submitter's Initials)