



## Grant Routing Sheet [Form #2]

**PLEASE NOTE:**

Completed "GRANT PROPOSAL OVERVIEW" Form **must** accompany Grant Routing Sheet.

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) OF 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 & 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      **GRANICUS 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. DISSMINATE 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)