



## 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)

