

## **Grant Routing Sheet [Form #2]**

## PLEASE NOTE:

Completed "GRANT PROPOSAL OVERVIEW" Form <u>must</u> accompany Grant Routing Sheet.

Date Routing Initiated:		Application Due Date:	
Originating Department:		Department No	
Submitter's Name:	Di	rect Telephone No. ()	
E-mail Address:			
Grant Title:			
Other Participating Department	s:		
BEFORE COMPLETING AN APP	PLICATION:		
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 Appl	ICATION TO THE AWARDII	G	
5. Prepare initial docum Electronic) of all do Instructions, attachm	ENTATION PACKAGE FOR R OCUMENTS RELATED TO THE		OT LIMITED TO
6. COMPLETE APPLICATION	EXCEPT NECESSARY SIGNA	TURES (Sub	mitter's Initials)
7. BUDGET DIVISION	Print Name	Signature	 Date
8. FINANCE DEPARTMENT	Print Name	Signature	
9. CITY ATTORNEY			
10. SIGN & SUBMIT APPLICAT	Print Name  ION. (Sub	Signature mitter's Initials)	Date

## **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	Dilat Nama	Claration	
	Print Name	Signature	Date
14. HUMAN RESOURCES	Print Name	Signature	 Date
15. BUDGET DIVISION			
13. BODGET 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.		
	GRANIOUS FILE NO.		
CREATE GRANICUS FILE	Print Name	Signature	Date
ATTACH GRANT DOCUMEN			
	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. ORGINATING DEPARTMEN	nt to retain original docu		itter's Initials)
			tter s iriitiais)
22. DISSMINATE ELECTRONIC	COPIES TO (INITIAL WHEN DIS	SSEMINATED):	
CITY ATTORNEY:		(Submitter's Initials)	
FINANCE: OTHER PARTICIPATING DE	EPARTMENTS (LIST):	(Submitter's Initials)	
		(Submitter's Initials) (Submitter's Initials)	