

GRANT APPLICATION REQUEST

Name: _____

Today's Date: _____

Department or Organization: _____

Telephone Number: () _____

E-Mail Address: _____

Signature: _____

Please complete the following information pertaining to the Grant Program for which you would like to submit an application. You must also **include a copy of your grant application and all information/literature about the grant program with this form**. Incomplete forms and/or failure to include your grant application may result in a delay in reviewing/approving your request. Grant applications should **not** be submitted to any Granting Agency before receiving approval from the City Manager's Office and/or Charleston City Council.

Grant Program: _____			Granting Agency: _____			CFDA #: _____		
Pre-Application Required?		Y N	Pre-App Due Date:		_____			
Full Application Due Date:		_____		Does Application Require Council Resolution*?		Y N		
<p><i>*Some Grant Applications require that a City Council Resolution be included with the Grant Application; this requirement can be found within your Grant Application Instructions. As a practice, even when not required by the grant application, a resolution is taken through Charleston City Council prior to submitting grant applications. Therefore, it is essential that ample notice be given to the City Manager's Office when requesting approval to apply for all grant opportunities. Applications may not be submitted to the Granting Agency if City Council acceptance is not obtained before the Grant Deadline. City Council Meetings are held on the 1st and 3rd Monday of each month. Meeting Agendas are issued on the Wednesday prior to Council Monday. Grant Application Requests must be received by the Purchasing Director in the City Manager's Office before Agenda Wednesday for review.</i></p>								

Project/Purchase to be Funded: _____		Will Grant Fully Fund Project?		Y N	
Amount of Grant Request: \$ _____		Estimated Total Project Cost:		\$ _____	
Is a Grant Match Required?		Y N	Required Match Percentage (i.e. 0, 20, 30%):		_____ %
<p><i>Please complete the remainder of this section as appropriate</i></p>					
Must Grant Match be Cash?		Y N			
If "Yes", explain how Cash Match will be Funded: _____					
If "No", explain what comprises your Match and list the Sources Supplying this Match (attach additional sheets if need be):					
If Purchasing Equipment with the Grant Award, explain how you will Fund the Maintenance/Upkeep/Replacement of said Equipment if/when necessary: _____					

Does the Grant Program Require that the City act as the Applying Organization?	Y N _____
Does the Grant Program Require that the City act as the Fiscal Agent?	Y N _____
If "Yes", who will act as the Fiscal Agent for this Grant Project?	Name: _____
Telephone Number:	() _____
E-Mail Address:	_____
Who from Your Department/the City or Your Organization will be the Project Manager?	_____
Telephone Number:	() _____
E-Mail Address:	_____
Additional Comments: _____	

This Section To Be Completed by City Manager's Office

Received By: _____	Date Received: _____
Reviewed By: _____	Date Reviewed: _____
Approved By: _____	Date Approved: _____
Date Presented to Charleston City Council: _____	Council Accepted? Y N _____