



**CITY OF HAMILTON
GRANT ASSISTANCE REQUEST FORM**

(Please print legibly except for signatures)

DATE SUBMITTED TO CITY: _____

RECEIVED BY: _____

\$100 FEE ATTACHED? Yes No

PART I: TO BE COMPLETED BY GRANT APPLICANT

1. NAME OF PROJECT: _____

2. LEGAL NAME OF APPLICANT ORGANIZATION: _____

3. PROJECT DIRECTOR: _____

4. PHONE () _____ - _____

5. FAX () _____ - _____

6. MAILING ADDRESS (street, city, state, zip): _____

EMAIL: _____

7. APPLICANT ORGANIZATION TYPE (check all that apply):

Public: Federal State Local

Private: Nonprofit For-profit

Small Business

Economically Disadvantaged

Other:

8. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT? Yes No

If "Yes": Grant Title: _____ Number: _____

Website where request or announcement located: _____

If Federal grant request, provide five digit CFDA number: _____ If State grant, identify State pass through agency: _____

IS A PUBLIC HEARING REQUIRED FOR APPROVAL (e.g. CDBG grant applications)? Yes No

*Note: if a public hearing is required, a \$100 refundable fee for advertising costs must be submitted to the City of Hamilton with this application

9. DATE GRANT APPLICATION IS DUE (MM/DD/YY): _____

10. PROJECT SUMMARY (if more space needed, attach separate page):

11. TYPE OF ASSISTANCE OR RESOURCES REQUESTED FROM CITY:

Provide letter in support of grant request only (no further City involvement)

Use City as government entity pass-through for receipt & disbursement of funds only

Have City administer grant directly

Have City provide direct cost contribution or in-kind match

Other (describe):

12. DATE & TIME CITY DECISION NEEDED:

13. FORM IN WHICH CITY DECISION NEEDED:

Letter of Support

Signature on Application

Other (describe):

14. DATES OF PROPOSED PERIOD OF SUPPORT (MM/DD/YY):

From:

To:

15. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT:

Direct Cost \$ _____ In-Kind Match _____

16. OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT ORGANIZATION:

Official's Title:

17. AUTHORIZED OFFICIAL'S SIGNATURE:

18. DATE:

PART II: TO BE COMPLETED BY CITY

a. MAYOR'S RECOMMENDATION (Initial & Date): _____

- Assign to staff for review or recommendation (complete Section b.)
- Letter of Support only, forward to Committee of Whole for consideration
- Resources involved, forward to Finance & Legal for review, then to Council for approval
- Other (describe): _____

b. CITY STAFF CONTACT:
PHONE () _____ - _____
EMAIL: _____

c. STAFF RECOMMENDATION (Initial & Date): _____
If other than "Approve Request" attach separate page with reasons for recommendation

- Approve Request
- Deny Request
- Other (describe): _____

d. FINANCIAL ADMINISTRATOR REVIEW (Initial & Date): _____

- No fiscal impact to City identified
- Fiscal impact to City: Direct Costs \$ _____ Value of In-Kind Match \$ _____
Indirect Costs _____
- Information Needed (describe): _____

e. LEGAL REVIEW (Initial & Date): _____

- Review completed & request ready for decision
- Review should occur later (explain): _____
- Information Needed (describe): _____

PART III: CITY DECISION

- Approve Request
- Deny Request
- Other (describe): _____

Date of Council Meeting:

Staff Assigned to Contact Applicant: