



City of Cheyenne
 2101 O'Neil Avenue
 Cheyenne, WY 82001

GRANT PRE-APPLICATION & POST AWARD CHECKLIST

PRE-AWARD INFORMATION & CHECKLIST (To Be Completed BEFORE Grant Submission)

GRANT BASICS			
Name of Grant:			
Summary of Grant Project(s):			
Fiscal Year(s) Covered by Grant (e.g. FY20-21):			
Total Cost of Project(s):			
Total Grant Amount Requested:			
Is a Cash Match Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount of Match:	
Identify Funding Source(s) if Cash Match Required:			
Is an In-Kind Match Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, In-Kind Value:	
Identify Funding Source(s) if In-Kind Match Required:			
Competitive Grant or Formula Grant?	<input type="checkbox"/> Competitive <input type="checkbox"/> Formula		
Assistance Requested to Write the Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grant Application Due Date:			
Grant Award Decision Date:			
Direct Federal Grant or Federal Pass-Thru Grant?	<input type="checkbox"/> Direct <input type="checkbox"/> Pass-Thru		
Federal Agency Name:			
GRANTING AGENCY CONTACT INFORMATION:			
Granting Agency/Granting Organization Name:			
Address (including City, State, and Zip Code):			
Contact Person's Name:			
Title:			
Phone:			
Email:			
REQUESTING CITY DEPARTMENT INFORMATION			
Requesting City Department:			
Division:			
Project Manager's Name:			
Title:			
Phone:			
Email:			
CITY TREASURER APPROVAL			
Signature:			Date:

POST AWARD INFORMATION & CHECKLIST (To Be Completed AFTER Grant Award)

GRANT BASICS			
Date of Grant Award:		Date of Fully Executed Agreement:	
Grant Project Required Completion Date:		Grant CFDA # (if federal grant):	



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CHECKLISTS				
APPROVAL PROCESS:				
TASK:	RESPONSIBLE PARTY:	COMPLETED ✓:	DATE:	COMMENTS:
Obtained Governing Body Approval <i>(Grants Over \$35K)</i>	Project Manager	<input type="checkbox"/>		
Date Application Submitted	Project Manager	<input type="checkbox"/>		
Resolution Submitted to Grantor <i>(if applicable)</i>	Project Manager	<input type="checkbox"/>		
Copy of Signed Grant Agreement Sent to City Clerk & Budget Analyst	Project Manager	<input type="checkbox"/>		
COMPLIANCE & MONITORING:				
TASK:	RESPONSIBLE PARTY:	COMPLETED ✓:	DATE:	COMMENTS:
Assign & Provide GL Accounts	City Treasurer	<input type="checkbox"/>		
Assign & Provide Innoprise Project Number	Budget Analyst	<input type="checkbox"/>		
Create Grant Folder & Add to Grant Tracking Database	Budget Analyst	<input type="checkbox"/>		
Determine Financial Reporting Requirements	Budget Analyst	<input type="checkbox"/>		
Add Due Dates to Grant Tracking Database <i>(if applicable)</i>	Budget Analyst	<input type="checkbox"/>		
Complete Progress Reports	Project Manager	<input type="checkbox"/>		
CLOSEOUT:				
TASK:	RESPONSIBLE PARTY:	COMPLETED ✓:	DATE:	COMMENTS:
Final Narrative Report <i>(if applicable)</i>	Project Manager	<input type="checkbox"/>		
Final Financial Status Report <i>(if applicable)</i>	Project Manager	<input type="checkbox"/>		
Project/Grant Inactivation	Budget Analyst	<input type="checkbox"/>		
Closing Letter to Granting Agency CC: Grant Manager & Treasurer	Project Manager	<input type="checkbox"/>		
Closing Letter from Granting Agency to Confirm Receipt	Project Manager	<input type="checkbox"/>		