

CHECK LIST FOR ALDERMANIC SUBMISSIONS

X	Cover Letter
X	Resolutions/ Orders/ Ordinances
X	Prior Notification Form
X	Fiscal Impact Statement - Should include comprehensive budget
X	Supporting Documentation
	Disk or E-mailed Cover letter & Order
	IN ADDITION IF A GRANT:
X	Notice of Intent
X	Grant Summary
X	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: July , 2020 _____
August 3rd _____

Meeting Submitted For: _____, 2020 _____

Regular or Suspension Agenda: _____ Regular _____

Submitted By: _____ City Plan Department _____

Title of Legislation:

RE: RESOLUTION AUTHORIZING THE MAYOR TO APPLY FOR, EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE FOR THE STATE HISTORIC PRESERVATION OFFICES GRANT: HISTORIC PRESERVATION ENHANCEMENT GRANT

Comments: _____

Coordinator's Signature: _____ MPL _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-6308 with any questions.

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED