

**CITY OF CLARKSTON
CITY COUNCIL AGENDA
SPECIAL MEEETING &
BUDGET WORKSHOP
829 5TH STREET**

**MONDAY OCTOBER 30, 2017
6:00 P.M.**

- 1. CALL TO ORDER: 6:00 P.M.**
- 2. NEW BUSINESS**
 - A. Authorization of Department of Commerce Growth Management Grant Application**
- 3. BUDGET WORKSHOP**
- 4. ADJOURNMENT**



Department of Commerce

Innovation is in our nature.

Growth Management Act (GMA) Update Grant Agreement Information Request Form

Please provide the following information requested below in order for Commerce to complete your Grant Agreement. You may type or write the information in the space provide beneath each question. Use as much space as needed. Return this completed page by Email to gmsgnants@commerce.wa.gov:

- **Contractor (Jurisdiction) Mailing Address:**
- **Contractor Representative.** Contact information for the individual who will be lead contact person for the grant agreement with your jurisdiction, including Name, Title, Department/Program, Phone, and Email address:
- **Contractor Financial Representative** (Name, Title, Phone and Email address) This person is a contract or any questions about billing/financial information. He/She may be the same as the Contractor Representative):
- **SWV #** (Statewide Vendor Number) This is a nine digit number assigned by the state to your jurisdiction in order for direct deposit/EFT payments. It is typical written as "SWV_____ - __". Your accounting/finance officer should be able to provide this number. Contact us for more information:
- **Signature Authority.** Who's name should we list on the signature line for signing the agreement on behalf of the county/city/town? For most jurisdictions this is the County Commission Chair or Mayor. However, it may be a designated administrative officer, such as the City or County Department Manager, depending on your jurisdiction's policies and structure. Please provide the Name and Title as it should appear under the signature line: