

**FOR ADECA USE ONLY**

**Grant Number:**

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**ALABAMA CDBG APPLICATION SUMMARY FORM**

Select One: \_\_\_\_\_ Select One (if applicable): \_\_\_\_\_

**Community Name:** \_\_\_\_\_

**Chief Elected Official:** \_\_\_\_\_

Mailing Address: STREET \_\_\_\_\_

CITY \_\_\_\_\_ ST **AL** ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

DUNS No.: \_\_\_\_\_ SAM.gov Expiration Date: \_\_\_\_\_

**Amount Requested:** \$ \_\_\_\_\_ **2010 Census Population:** \_\_\_\_\_

Local Match: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Source: \_\_\_\_\_

In-Kind: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Non-Local Funds: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Federal Congressional District: \_\_\_\_\_ / \_\_\_\_\_

State District: (Senate) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (House) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Total Beneficiaries: \_\_\_\_\_ No. of LMI Bnf: \_\_\_\_\_ % of LMI Bnf: \_\_\_\_\_

Prevention of Slum and Blight: \_\_\_\_\_ No. of Units Rehab/Demo: \_\_\_\_\_

**Contact Person/Grant Writer:** \_\_\_\_\_

Firm or Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone / E-mail Address: \_\_\_\_\_ / \_\_\_\_\_

**Select Activity(ies):**

**Activity 1:** \_\_\_\_\_ **Activity 2:** \_\_\_\_\_ **Activity 3:** \_\_\_\_\_

**Other/Additional Activity(ies):** \_\_\_\_\_

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Minority <input type="checkbox"/> Yes <input type="checkbox"/> No	Black Belt <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single/Primary (CM)	<input type="checkbox"/> Comprehensive (CP)		
		<input type="checkbox"/> Residential Rehab (RR)	<input type="checkbox"/> Special Fund (SF)		
Completed _____	AS 400 _____	IDIS _____			
Date _____	Date _____	Date _____			

**>> PLEASE SEE NEXT PAGE TO COMPLETE APPLICATION FORM <<**

**Project Location – Street addresses and zip code(s) required even if town-wide project**

(Include street name(s) with number (or range), city and zip – if address is unknown use closest location's zip code):

**Brief Description** (Include activities, beneficiaries, LMI, location, etc.; / include companies, jobs, etc. for ED projects):

**Procurement:**

Has the Applicant competitively procured the professional services of Grant Writer and Engineer for this project (to include this project)?

Grant Writer:    Yes    No    N/A

Engineer:        Yes    No    N/A

If Yes: Provide documentation

If No: Please note that the Grant Writer/Engineer providing professional services for this project will be prohibited from bidding on this project should this project be awarded.

N/A: Procurement of professional services is not required for Regional Planning Commissions, County Engineers, etc.

**Audit Information** (Include copy of most recent audit or a professionally prepared financial statement)

**YEAR:** \_\_\_\_\_