

--	--	--	--	--

ALABAMA CDBG APPLICATION SUMMARY FORM

Check One: Small City Fund Large City Fund County Fund
 (if applicable) Community Enhancement Planning Economic Development

Mayor/Chairman: _____

Community Name: _____

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: ___ Yes ___ No No. of Units Rehab/Demo: _____

Contact Person/Grant Writer: _____

Firm or Organization: _____

Mailing Address: _____

Phone and Fax Number: _____

E-mail Address: _____

Activity(ies): Planning (12) Sewer (04B) Water (04A) Streets (05)

Revitalization Housing Rehab Senior Ctr (03) Comm Ctr (03) Parks/Playgrounds (03)

Drainage (04C) Clear/Demo (02) ___ No. of Units Other: _____

**** Please check all activities that apply to the application.****

> > **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):

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

For Office Use Only								
Minority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Black Belt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Competitive (CM)	<input type="checkbox"/> Comprehensive (CP)	<input type="checkbox"/> Residential Rehab
Completed	_____		AS 400	_____		IDIS	_____	
Date	_____		Date	_____		Date	_____	

Revised 5/2017