

APPLICANT INFORMATION FORM

| LOCAL GOVERNMENT INFORMATION | | | | | |
|---|-----------------|--|----------------|------------------|--------------------------|
| Local Government Applicant: | | | | Eligible County: | |
| Local Contact: | | | | DUNS #: | |
| Title: | | | E-mail: | | |
| Mailing Street Address: | | | | Phone Number | |
| City: | State: | | | Zip Code: | |
| Executive Official with Authority to Sign Application: | | | | Phone Number | |
| Title: | | | E-mail: | | |
| Executive Official Address (if different): | | | | | |
| City: | State: | | | Zip Code: | |
| Please list any other UGLG members of this Application Team, if any: | Contact Person: | | Email Address: | | |
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| Please confirm you submitted a signed resolution authorizing Executive Official to sign application and certifications. | | | | Yes: | <input type="checkbox"/> |
| | | | | No: | <input type="checkbox"/> |

| APPLICATION PREPARER INFORMATION | | | | |
|---|----------------------------|--------------------------|--------------------|--------------------------|
| Application Preparation Agency or Firm: | | | | |
| Contact: | | | | |
| Address: | | | | |
| Phone Number: | Email: | | | |
| Check Type of Agency Preparing Application: | Private Firm: | <input type="checkbox"/> | Government Agency: | <input type="checkbox"/> |
| | Regional Planning Council: | <input type="checkbox"/> | Other, specify: | |

| APPLICATION INFORMATION | | | | | |
|---|--|------|--------------------------|-----|--------------------------|
| Total CDBG-DR \$ Requested: | | | | | |
| List jurisdictions for proposed recovery activities (municipalities, Tribal governments, unincorporated areas): | | | | | |
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| Please confirm the local government covered by the National Flood Insurance Program? | | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| Please confirm the proposed activities are consistent with the local comprehensive plan? | | Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |