

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:				
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):				
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"/>		