

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"/>