



Small Cities CDBG Program Information Sheet

Recipient Name: _____

CFDA Number: 14.228

Contract Number: _____

Contact Information

1. Chief Elected Official

CEO Name:	Title:
Address:	
City, State, Zip Code:	
Telephone No: () - Ext:	Fax Number: () -
E-Mail Address:	

2. Recipient Employee Designated by Resolution to Sign Subgrant Documents

Name:	Title:
Address:	
City, State, Zip Code:	
Telephone No: () - Ext:	Fax Number: () -
E-Mail Address:	

3. Chief Financial Officer

CFO Name:	Title:
Address:	
City, State, Zip Code:	
Telephone No: () - Ext:	Fax Number: () -
E-Mail Address:	

4. Project Contact

Name:	Title:
Address:	
City, State, Zip Code:	
Telephone No: () - Ext:	Fax Number: () -
E-Mail Address:	



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5. Civil Rights Contacts

Fair Housing Coordinator: Title: Telephone No: () - Ext: E-Mail Address:
EEO Coordinator: Title: Telephone No: () - Ext: E-Mail Address:
Section 504/ADA Coordinator: Title: Telephone No: () - Ext: E-Mail Address:

6. Private Consultant (If applicable)

Consultant Firm: Consultant Contact: Address: City, State, Zip Code: Telephone No: () - Ext: Fax Number: () - E-Mail Address:
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Administrative Data

1. Local Government Federal ID Number: _____
2. Local Government DUNS Number: _____
3. Districts: United States Congress _____
 Florida Senate _____ Florida House _____



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- 4. If the recipient is not receiving Electronic Funds Transfer (EFT) from the State of Florida, please provide an address for transmittal of the reimbursement warrant:

Recipient Name: _____

Street Address: _____

City, State, Zip: _____

- 5 Please provide a brief Project Description: