

**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"/>