

PRELIMINARY BUDGET (USE & SOURCE OF FUNDS):

| Applicant Name: | | | | | | | | | | |
|--------------------------------|----------------------|--|------------|--|------------|--|------------|--|------------|-----------|
| CFA Application Number: | | | | | | | | | | |
| USE OF FUNDS | SOURCE OF FUNDING | | | | | | | | | |
| | CDBG \$ Requested | | C** Y/N | | C** Y/N | | C** Y/N | | C** Y/N | SUB-TOTAL |
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| Engineering* | | | | | | | | | | |
| Program Delivery* | | | | | | | | | | |
| Administration* | | | | | | | | | | |
| TOTAL PROJECT COSTS | | | | | | | | | | |

* Applicants may request up to **18%** of the CDBG award in program delivery, administration, and engineering costs combined. Administration must not exceed more than **5%** of the total CDBG award. **Choose (Y) for "yes" or (N) for "no" to provide committed status of other funds.

I certify, to the best of my knowledge, that the information provided in the pre-submission form and any related attachments are true and accurate as of the stated date. I authorize OCR to make inquiries as necessary to verify the accuracy of the statements made and to evaluate this proposal for NYS CDBG funding.

Chief Elected Official Signature

Typed Name

Date