## **CFA Application Project Team**

1. Municipa	al Information								
Name		C	o/Ci/T/	V					
Address									
C/T/V		St	tate		NY	ZIP +	4		
Phone		Fa	ax						
Email									
Website									
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	ected Official (If term is ending,	please provide		ntact	infori	nation			
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Phone			Fax						
Email									
3 Local G	Grant Contact (Must be a munici	nal employee otl	har tha	n CEO	١,				
Name		Title		II OLO	<u>'1</u>				
Address		110	<u> </u>						
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Email		1 α/	`						
Lilian	I								
4. <u>Munici</u>	oal Clerk								
Name		Т	itle						
Address									
C/T/V		S	tate	NY	ZII	P + 4			
Phone		F	ax						
Email									
	oal Treasurer or Chief Financial	<u>Officer</u>	T'0 -	1					
Name			Title						
Address			0			715 4			
C/T/V			State			ZIP + 4			
Phone			Fax						
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6 Applic	ation Preparer								
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