

FORM 7-2 INSTRUCTIONS

PROGRAM SCHEDULE

1. *Recipient Name:* Enter the name of the entity awarded NYS CBDG funds.
2. *Project #:* Enter the project number.
3. *Date:* Enter today's date.

Updated Form: Select when program schedule currently on file with OCR is revised.

4. *Project Name:* Enter the name of the project/program as identified on the application for funding.
5. *Effective Date:* Enter the effective date of the schedule.
6. *Milestones:* To the right of each individual milestone listed on the form, indicate the period of time required to complete each milestone by entering an "X" under the month you expect to complete the milestone.
7. *Total Amount of Funds Requested (quarterly) \$:* Enter the total amount of NYS CDBG funds anticipated to be requested for each quarter.

Prepared by: Enter the name of the individual who completed the form.

Email: Enter the email address of the individual who completed the form.

Phone Number: Enter phone number of the individual who completed the form.