

CFA Application Project Team

1. Municipal Information

Name		Co/Ci/T/V	
Address			
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			
Website			
EIN		DUNS	
CDBG #		FY End	

2. Chief Elected Official (If term is ending, please provide new contact information)

Current		Title	
	Term Effective Date	Term End Date	
New		Title	
	Term Effective Date	Term End Date	
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			

3. Local Grant Contact (Must be a municipal employee other than CEO)

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

4. Municipal Clerk

Name		Title	
Address			
C/T/V		State	NY ZIP + 4
Phone		Fax	
Email			

5. Municipal Treasurer or Chief Financial Officer

Name		Title	
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

6. Application Preparer

Name		Title	
Firm			
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			