

## Project Team

**1. Municipal Information**

Name		Co/Ci/T/V	
Address		County	
C/T/V		State	NY   ZIP + 4
Phone		Fax	
Email			
Website			
EIN		UEI	
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	
Phone		Fax	
Email			

**4. County/City/Town/Village Clerk**

Name		Title	
Phone		Fax	
Email			

**5. Municipal Treasurer or Chief Financial Officer**

Name		Title	
Phone		Fax	
Email			

**6. Attorney**

Name		Title	
Firm		Municipal Employee	Yes No
Address			
C/T/V		State	ZIP + 4
Phone		Fax	
Email			

**7. Fair Housing Officer** Required for every CDBG award/project

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

**8. Section 3 Coordinator** *Required for any CDBG award that funds a project with more than \$200,000 in NYS CDBG funds*

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

**9. Subrecipient**

**Are activities to be undertaken by a Subrecipient?**

**Yes No To be selected** (If yes, complete this section)

Name of Subrecipient					
Contact Person				Title	
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					

**10. Labor Standards Compliance Officer**

**Will any CDBG activity be subject to Davis-Bacon Prevailing Wages?**

**Yes No** (If yes, complete this section)

Name			Title		
Address					
C/T/V			State		ZIP + 4
Phone			Fax		
Email					
	General Decision Number				
	Bid opening date				

**11. Consultant**

**Has the Recipient retained the services of a consultant for all or part of any CDBG activity?**

**Yes No To be selected** (If yes, complete this section.)

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

**12. Engineer**

**Will the Recipient retain the services of an Engineer for all or part of any CDBG activity?**

**Yes No To be selected** (If yes, complete this section) **Municipal Employee**

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

**13. Lead Based Paint Risk Assessor**

**Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?**

**Yes No To be selected** (If yes, complete this section)

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

**14. Senate - Assembly - Congressional Update**

Senate

Assembly

Congressional