CFA Application Project Team

1. Municipal Information

Name		Co/Ci/T/V	Select One
Address			
C/T/V		State	NY ZIP + 4
Phone		County	Select One
Email			
Website			
EIN		UEI	
CFA#		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		
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. County/City/Town/Village Treasurer/Chief Financial Officer ☐ For Villages only, check if same as Clerk

Name		Title	
Phone		Fax	
Email			

6. Application Preparer

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

7. Fair Housing Officer (provide if previously identified through prior CDBG award) ☐ (Check if a municipal official)

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

8. Section 3 Coordinator (Provide only if project is subject to Section 3 compliance) ☐ N/A

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

CFA APPLICATION PROJECT TEAM INSTRUCTIONS

Completion of the Project Team in its entirety is required, regardless of the source of funds. Failure to submit adequate information may delay the processing of the grant agreements, requests for funds and APR's. This has been provided as a fillable form; handwritten forms may be rejected and returned to the Recipient.

1. **Municipal Information**
   - **a. Name**: Provide the official name of the Municipality
   - **b. Co/Ci/T/V**: Select from dropdown list if the Municipality is a County, City, Town, or Village
   - **c. Address**: Please provide the official mailing address for the municipality; this must be the address where all official municipal correspondence is to be delivered.
   - **d. Phone**: Provide general phone number with area code
   - **e. County**: From dropdown list, select the County where municipality is located. Only counties with non-entitlement eligible municipalities are listed.
   - **f. E-mail:** Please provide a general e-mail address
   - **g. Website:** If available, please provide the official municipal website
   - **h. EIN**: Please provide the Federal Tax or Employer Identification Number
   - **i. UEI**: Please provide the Unique Entity Identifier (UEI) number; this is required for all municipalities. A UEI number can be obtained from SAM.GOV.
   - **j. CDBG#**: Please enter the CDBG project number for which this Project Team is being submitted for. A separate Project Team MUST be submitted for each CDBG funded project.
   - **k. FY End**: Please provide the municipal Fiscal Year End Date, (month/date).

2. **Chief Elected Official:** The Chief Elected Official (CEO) is responsible for signing all official documents, agreements, contracts, etc., with OCR.

3. **Local Grant Contact**: This must be a municipal employee and **CAN NOT** be the Mayor, Supervisor, Chairperson, or any other Chief Elected Official.

4. **County/City/Town/Village Clerk:** Identify the County/City/Town/Village Clerk.

5. **County/City/Town/Village Treasurer or Chief Financial Officer:** Identify the County/City/Town/Village Treasurer or CFO. This person is responsible for submitting the Federal Assistance Expenditure (FAE) Report and handling audit questions. If the Recipient utilizes a bookkeeper, do not identify the individual here.

6. **Application Preparer:** Identify the application preparer.

7. **Fair Housing Officer:** Any Recipient of CDBG funds is subject to compliance with Fair Housing, a Fair Housing Officer must be identified. Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Fair Housing.
   THIS PERSON MUST BE IDENTIFIED AND IS REQUIRED REGARDLESS THE ACTIVITY BEING UNDERTAKEN.

8. **Section 3 Coordinator:** Any CDBG grant award to a municipality in excess of $200,000 is subject to Section 3 Compliance, and the Recipient MUST identify a Section 3 Coordinator. Refer to the OCR Grant Administration Manual *Chapter 5-General Provisions* for further information regarding Section 3 compliance.