Project Team

1. Municipal Information

Name		Co/Ci/T/V	Select from list			
Address		County	Select One			
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 $300,000 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
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list
Select from the list	Select from the list	Select from the list

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, disbursement requests and APR's. This has been provided as a fillable form; handwritten forms will be rejected and returned to the Recipient.

If 'To be selected' is indicated, the Recipient must update and submit revised Project Team information prior to procurement or execution of any related contracts.

All applicable sections must be completed. Conditional sections must be completed where the activity applies.

Updates to Project Team Information
Recipients must notify OCR and submit updated Project Team information when there are changes to key personnel (e.g., Chief Elected Official, Grant Contact, Treasurer). Project Team entries must reflect current positions by title to avoid duplication of roles within OCR systems.

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**: 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:** Provide a general e-mail address
   g. **Website:** If available, please provide the official municipal website
   h. **EIN**: Provide the Federal Tax or Employer Identification Number
   i. **UEI**: Provide the Unique Entity Identifier (UEI) number; this is required for all municipalities. A UEI number can be obtained from SAM.GOV.
   j. **CDBG #**: 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**: Provide the municipality's 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. If the Chief Elected Official's term will expire during the contract period, the 'New' section must be completed.

3. **Local Grant Contact**: This must be a municipal employee and **CANNOT** 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 that individual here.

6. **Municipal Attorney:** Identify the County/City/Town/Village Attorney. If non-municipal employee, include firm name. Indicate whether the attorney is a municipal employee. If not, include the firm name.

7. **Fair Housing Officer:** This person must be identified and is required regardless of the activity being undertaken. Any Recipient of CDBG funds is subject to compliance with Fair Housing, a Fair Housing Officer must be identified. For further guidance, refer to the OCR Grant Administration Manual *Chapter 5-General Provisions*.

8. **Section 3 Coordinator:** Any CDBG grant award to a municipality in excess of $300,000 is subject to Section 3 Compliance, and the Recipient MUST identify a Section 3 Coordinator. For further guidance, refer to the OCR Grant Administration Manual *Chapter 5-General Provisions*.

9. **Subrecipient:** If a Subrecipient is being utilized, please provide requested information. For further guidance, refer to the OCR Grant Administration Manual *Chapter 1-Getting Started*.

10. **Labor Standards Compliance Officer:** Generally, applies to construction activities meeting federal thresholds. If this project is subject to Federal Davis-Bacon Prevailing Wages, this section must be completed. The individual identified must understand Davis-Bacon and should be the person reviewing all Certified Payroll and completing the Semi-Annual Labor Standards Enforcement Report. For further guidance. refer to the OCR Grant Administration Manual *Chapter 5-General Provisions.*

Professional Services

When CDBG funds are used to reimburse for professional services, such services must be procured in accordance with federal procurement requirements at 2 CFR § 200.320.

Refer to Chapter 4 – Procurement of the OCR Grant Administration Manual for additional guidance.

11. **Consultant:** If the Recipient has retained the professional services of a consultant to assist with the administration and program delivery services of a program, please provide the requested information.

12. **Engineer:** If the Recipient has retained the professional services of an engineer to provide engineering services, please provide the requested information. If the Engineer is a municipal employee, please indicate.

13. **Lead Based Paint Risk Assessor:** If project activities are subject to lead-based paint requirements 24CFR Part 35 and/or 40CFR Part 745, this section must be completed.