

**LOGAN TOWNSHIP
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUEST FOR FUNDS - PROJECT SUMMARY**

INSTRUCTIONS:

Please complete the following application for each project which is requested to be funded. This information will be used by the Township to determine eligibility and fundability of the project.

DATE: _____

APPLICANT NAME: _____

Address: _____

Phone: _____

Contact Person: _____

Phone: _____

E-Mail: _____

PROPOSED PROJECT TITLE: _____

PROPOSED PROJECT LOCATION: _____

IDENTIFY WHO WILL BENEFIT: _____

ESTIMATED COST: _____

CDBG FUNDS REQUESTED: _____

OTHER FUNDS: Amount and Source of revenues other than CDBG.

Committed: _____

Pending: _____

Other: _____

ON SEPARATE PAGES PROVIDE:

TIME SCHEDULE - Estimate duration of project, critical start or finish dates, and any other relevant time frames.

PROBLEM STATEMENT - Explain the problem in terms of magnitude and duration. Identify the cause of the problem. Attach any plans, budgets, citations, or other documentation.

SOLUTION - Explain the problem solution, what you propose to do, and how this action addresses the problem cause. Define the service area, and how many homes will be served.

Please attach a map identifying the project location and service area.

RECEIVED BY TOWNSHIP

DATE: _____

EMPLOYEE: _____