



## PROJECT SUMMARY FORM – PY 2024

APPLICANT INFORMATION			
Applicant Name			Date
Address			
Contact Person/ Title			
E-Mail Address			
Telephone		Fax	

ACTIVITY/PROJECT DETAILS	
Activity/Project Title	Application Type
	<input type="checkbox"/> Priority <input type="checkbox"/> Alternate
Project Location Address	
Brief Project Description	
Anticipated Outcome/Benefit	

Amount of CDBG Funds Requested                    \$ _____ Local Contribution    \$ _____ Amount of Other Funds    \$ _____ Total Project Cost    \$ _____	<b>FOR OHCD USE ONLY</b>
	Date Received: _____
	Reviewed by: _____