Delaware County CDBG Program

# PROJECT SUMMARY FORM – PY 2027

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

| ACTIVITY/PROJECT DETAILS | | |
|---|---|---|
| **Activity/Project Title** | | **Application Type** ☐ **Priority** ☐ **Alternate** |
| **Project Location Address** | | |
| **Brief Project Description** | | |
| **Anticipated Outcome/Benefit** | | |

| | | |
|---|---|---|
| **Amount of CDBG Funds Requested** | $_____ | **FOR OHCD USE ONLY** |
| **Local Contribution** | $_____ | Date Received: _____ |
| **Amount of Other Funds** | $_____ | Reviewed by: _____ |
| **Total Project Cost** | $_____ | |