

## CDBG GRANTEE INFORMATION SHEET

This information is provided to the Department of Economic Development to be used in updating mailing lists necessary for distributing CDBG Information. (*\*Grantee must list Federal Tax ID number and DUNS No.*)

CDBG Grant Number: \_\_\_\_\_ **\*Federal Tax ID number:** \_\_\_\_\_

Local Government Grantee: \_\_\_\_\_ **\*DUNS No:** \_\_\_\_\_

City  Village  County of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mayor/Chairperson: \_\_\_\_\_ Email: \_\_\_\_\_

Clerk: \_\_\_\_\_ Email: \_\_\_\_\_

### Local Government CDBG Contact

Complete this item even if the local contact will be the mayor/chairperson or clerk. List below the person from the local government that will serve as the day-to-day contact for the CDBG grant. A local contact person must be designated even if the local government has hired a for-profit or not-for-profit firm as the certified administrator for the grant.

Contact Person/Title: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here if this person will be the Certified Administrator  
\_\_\_\_\_ Certified Date \_\_\_\_\_ Date Expires

### Limited English Proficiency (LEP)

Same as Local Contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Fair Housing Representative

Same as Local Contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 504 Coordinator** Employs 15 or more persons  Yes  No (if Yes, complete the information below)

Same as Local Contact

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Certified Administrator

Provide the following information if the Certified Administrator is not the Local Contact.

Firm: \_\_\_\_\_

Name of Grant Administrator \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Certified Date \_\_\_\_\_ Date Expires \_\_\_\_\_

Architect,  Business,  Engineer,  
 Development Corporation, or  Other

Firm: \_\_\_\_\_

Primary Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

DUNS Number if Business is checked above \_\_\_\_\_

ADDITIONAL CONTACTS: If you want other persons to receive correspondence, please attach listing of names, titles and mailing addresses. This list includes the Architect, Engineer, Development Corporation, Planner, etc.