

RECOMMENDATION FOR FUNDING
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 52660 (04/07)

PUBLIC FACILITIES AND HOUSING

Applicant		Chief Elected Official	Phone Number
Street Address, City, Zip		Contact Person	Phone Number
		Administrator	Phone Number
County	Region	Committee Chair	Phone Number

Project Name

National Objective (Check Only One)

- Benefit to LMI
- Slum & Blight
- Urgent Need

Proposed Benefit (Check Only One)

LMI - Area Wide Benefit

_____ No. of Persons/ _____ Number of Households

_____ No. of LMI Persons/ _____% LMI Persons

_____ No. of LMI Households/ _____% LMI Households

How was the LMI data proved (*check one*) Census Survey

Special Assessments

_____ No. of Households in Project Area

_____ Percent of LMI Households in Project Area

Limited Clientele

_____ No. of Elderly Persons in Project Area

_____ No. of Limited Clientele to Benefit

It is the decision of the Regional Review Committee to recommend funding on this project. The dollar amount for funding should be \$ _____
 (\$ _____ for administration and \$ _____ for _____).
 The cost break down should be as follows:

ACTIVITY	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Locals	Private	Other*	Total
Administration									
Total									

Reason for Recommendation (Use separate page, if necessary)

Review Committee Chairperson	Date	Concurrence Yes <input type="checkbox"/> No <input type="checkbox"/>
DCS Staff	Date	
DCS Director	Date	

(DCS USE ONLY) County Code _____ Census Track # _____ Block Group(s) _____