



11 Lafayette Street, Saint Marys, PA 15857  
www.stmaryspa.gov

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
GENERAL REQUEST FOR FUNDING**

Applicant Name: \_\_\_\_\_

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

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

Telephone Number(s): \_\_\_\_\_

Project Summary (Please use additional paper, if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimated Costs:**

CDBG Grant Request Amount:	\$ _____
Local Funds	\$ _____
State Funds	\$ _____
Federal Funds	\$ _____
Other Funding	\$ _____
<b>TOTAL PROJECT COSTS:</b>	<b>\$ _____</b>

As per the guidelines with "Selecting Activities that Comply", which National Objective best describes your project and provide supporting documentation (please use additional paper, if necessary):

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Work Plan/Time Frame (Please use additional paper, if necessary):

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\_\_\_\_\_  
Signature of Applicant

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board Approval

Dated: \_\_\_\_\_

**\*\*PLEASE NOTE: THIS FORM IS USED AS A "GENERAL" REQUEST FOR CDBG FUNDING. IF YOUR PROJECT IS SELECTED FOR FURTHER REVIEW AND CONSIDERATION, YOU MAY BE REQUIRED TO PROVIDE ADDITIONAL DOCUMENTATION/INFORMATION.**