

# APPLICANT INFORMATION

Municipality: \_\_\_\_\_

County: \_\_\_\_\_

Municipal Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

## PROPOSED PROJECT LIST:

	Property Owner(s)	Street Address	Tax Map #	Lot #
1				
2				
3				
4				
5				

**ESTIMATED TOTAL GRANT FUNDS REQUESTED:** \_\_\_\_\_

## SIGNATURE OF MUNICIPAL OFFICIAL

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_