

FORM 7-2

PROGRAM SCHEDULE

Office of Community Renewal NYS CDBG Program

1. Recipient Name:				2. Project #:				3. Date:				4. Amendment																		
5. Project Name:																														
6. Effective Date:				7. 1st QTR			2nd QTR			3rd QTR			4th QTR			5th QTR			6th QTR			7th QTR			8th QTR					
8. Activity Name and #:																														
9. NYS CDBG Funds Allocated for the Activity: \$				10. \$			\$			\$			\$			\$			\$			\$			\$					
11. Milestones:																														
12. NYS CDBG Funds Allocated for Administration: \$				13. \$			\$			\$			\$			\$			\$			\$			\$					
14. NYS CDBG Funds Allocated for Program Delivery: \$				15. \$			\$			\$			\$			\$			\$			\$			\$					
16. Total NYS CDBG Funds Allocated: \$																														
17. Total Amount of Funds Requested (quarterly) \$:				\$			\$			\$			\$			\$			\$			\$			\$					
18. Cumulative Total of Funds Requested \$:				\$			\$			\$			\$			\$			\$			\$			\$					

(Use additional copies of this form for each proposed activity)