

Form 8-1 Project Team

1. Municipal Information

Name				Co/Ci/T/V		
Address						
C/T/V				State	NY	ZIP + 4
Phone				Fax		
Email						
Website						
EIN				DUNS		
CDBG #				FY End		

2. Chief Elected Official (If term is ending, please provide new contact information)

Current				Title		
	Term Effective Date			Term End Date		
New				Title		
	Term Effective Date			Term End Date		
C/T/V				State	NY	ZIP + 4
Phone				Fax		
Email						

3. Local Grant Contact (Must be a municipal employee other than CEO)

Name				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

4. Municipal Clerk

Name				Title		
Address						
C/T/V				State	NY	ZIP + 4
Phone				Fax		
Email						

5. Municipal Treasurer or Chief Financial Officer

Name				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

6. Municipal Attorney

Name				Title		
Firm				Municipal Employee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

7. Fair Housing Officer

Name				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

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8. Section 3 Coordinator

Name				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

9. Subrecipient

Are activities to be undertaken by a Subrecipient? Yes No To be selected (If yes, complete this section)

Name of Subrecipient						
Contact Person				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

10. Labor Standards Compliance Officer

Will any CDBG activity be subject to Davis-Bacon Prevailing Wages? Yes No (If yes, complete this section)

Name				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						
	General Decision Number					
	Bid opening date					

11. Consultant

Has the Recipient retained the services of a Consultant for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section.)

Name of Firm						
Contact Person				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

12. Engineer

Will the Recipient retain the services of an Engineer for all or part of any CDBG activity?

Yes No To be selected (If yes, complete this section) **Municipal Employee**

Name of Firm						
Contact Person				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						

13. Lead Based Paint Risk Assessor

Will any CDBG activity be subject to Lead Based Paint Regulations at 24CFR Part 35 and/or 40CFR Part 745?

Yes No To be selected (If yes, complete this section)

Name of Firm						
Contact Person				Title		
Address						
C/T/V				State		ZIP + 4
Phone				Fax		
Email						