

CDBG PROGRAM

PROJECT'S PERSONNEL SUMMARY

Note: Please submit a new, updated form whenever there is a change in key staff.

1. SUBRECIPIENT INFORMATION

SUBRECIPIENT NAME: _____

ADDRESS: _____

PRIMARY CONTACT: _____ TITLE: _____

TAX ID NO. (EIN): _____

PHONE/FAX: _____

EMAIL: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

CDBG NATIONAL OBJECTIVE: _____

PROJECT MANAGEMENT (Please list staff involved in this program activity, their roles and contact information.)

PRIMARY CONTACT: _____

FINANCIAL CONTACT: _____

PROGRAM STAFF: _____

AUTHORIZED OFFICIAL

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

