**CDBG Project Contacts/Responsible Individuals**

# Grantee:

**Project:**

|  |  |
| --- | --- |
| **Responsible Official**(Mayor or Chair of the CountyCommission) | Responsibilities include: signing Grant Agreements and Amendments, signing reports, requesting amendments, updating the Project Contacts form, and meeting all requirements listed in our Grant Agreement. |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| **Responsible for Project Administration** (Usually the Clerk/Treasureran/or Non Profit Organization Director ) | Project administration, including preparation and submission of draw down requests. |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| **Responsible for Preparing Quarterly Reports** | Responsibilities include compiling information, preparing, signing and submitting Quarterly Reports timely. |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

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| **Responsible for Construction Project Monitoring** (Usually the Director of Public Works) | Responsibilities include overseeing construction operations, reviewing all invoices to assure that billed goods and services have been delivered, monitoring procurement requirements, construction close-out and responding to any questions the WBC has about these activities andmeeting all related requirements listed in your Grant Agreement. |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| **Responsible for Federal Labor Enforcement (See Labor Standards Guide on WBC website)** |  |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| **Responsible for Preparation and Administration of Environmental Review** |  |
| NAME, TITLE |  |
| ORGANIZATION |  |
| MAILING ADDRESS |  |
| PHONE |  | FAX |  |
| CELL OR OTHER |  |
| EMAIL ADDRESS |  |

Signed: Date:

*Responsible Official as listed on page 1 of this form*

Print Name: