

**HB 192 Project  
Scope and Budget  
Department for Local Government  
Office of State Grants**

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**Project Information**

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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

KY Finance Cabinet Vendor #: \_\_\_\_\_ EX: KY0012345

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**Grantee Information**

**Legal Applicant/County Fiscal Court**

Offical's Name/Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Fed Tax ID#: \_\_\_\_\_

Contact Person \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Detailed Scope of Work**

*Provide approximately a 3-5 sentence description of the project -detailing all relevant project information including but not limited to the proposed project activities, a justification for project funding, and any need to be addressed by the project expected results and public benefit to be derived from the project. Additional pages may be added if needed.*

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## Detailed Project Budget

Provide a **DETAILED COST BREAKDOWN** of the entire project (use and amount). Indicate by an asterisk \* or by bolding project activity or activities for which the line-item funds will be used.

	Use	Amount
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____
	Total Amount Requested	_____

### Signature

Please check the box to acknowledge that resolution and concurrence letters are attached and to certify that all information is completed and correct.

To the best of my knowledge and belief, the information included is true and correct and the proposed use of funds legally complies with HB 192.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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