

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

Project Information

Project Title: _____

County: _____ ADD: _____

Start Date: _____ End Date: _____

Amount of Funds Requested: _____

KY Finance Cabinet Vendor #: _____ EX: KY0012345

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: _____

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.

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

Office of State Grants • Department for Local Government
100 Airport Road, 3rd Floor • Frankfort, KY 40601
Phone: 502-573-2382 • Toll Free: 800-346-5606 • Fax: 502-227-8691 • kydlgweb.ky.gov