

**Fiscal Year 2022-2024 House Bill 1  
Community Development Project  
Project Scope & Budget  
Department for Local Government  
Office of State Grants**

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**Project Information**

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

City/County: \_\_\_\_\_ Fiscal Year(s): \_\_\_\_\_

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

Amount Requested: \_\_\_\_\_

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**Grantee Information**

**Legal Applicant**

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

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

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

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

Vendor Account #: \_\_\_\_\_

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

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

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**Scope of Work**

*Provide a brief description (3-5 sentences) of the project detailing all relevant project information; including but not limited to, proposed project activities, justification for project funding, and 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 **ESTIMATED COST BREAKDOWN** of the amount requested for the project (use and amount).

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

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**Signature**

Please check the box to acknowledge that a resolution is attached and certify 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 1.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

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

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

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