PROJECT TRANSMITTAL

Submit this form with each project application.

TO: Community Development Program of Beaver County 1013 Eighth Avenue, Beaver Falls, PA 15010

FROM:

RE: FY2025 Beaver County Community Development Block Grant (CDBG) Application

Enclosed is the project application for the FY 2025 CDBG Funding. This project was selected at a meeting of the

(GOVERNING BODY)

of

(MUNICIPALITY or ORGANIZATION)

held on the _____ day of ______ , 20_____.

If the project is awarded and costs more than the CDBG awarded amount, applicant consents to paying additional funds needed to complete the CDBG project.

If the organization is an agency, the Authorized Agency Representative certifies, by signing below, that he/she understands and agrees that the Agency will be obligated for any lien placed on privately-owned property for any new construction, rehabilitation or demolition done with CDBG funds.

Project Name:	CDBG Funding	\$
Project Priority (Please check one):	Other Funding	\$
	Total Project Funding	\$

Signature of Chief Elected Official or Authorized Agency Representative

Date: _____

Project Transmittal