



HMA Grant Pre-Application

RETURN BY 9/11/20

Jurisdiction Name

Select One: County City Village Twp. Other

A brief description of the proposed project, please include as much detail as possible.

Please provide a budget estimate for the project.

Please identify the required local match source.

Name	Email Address	County
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Address	Phone #
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FOR STATE USE ONLY

Staff Member Assigned

Project Identified in LHMP

YES NO

Project Eligibility

Date Received

Eligible Not Eligible