

**RECOMMENDATION FOR FUNDING**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 52660 (04/07)

**PUBLIC FACILITIES AND HOUSING**

Applicant		Chief Elected Official	Phone Number
Street Address, City, Zip		Contact Person	Phone Number
		Administrator	Phone Number
County	Region	Committee Chair	Phone Number

Project Name

**National Objective (Check Only One)**

- Benefit to LMI
- Slum & Blight
- Urgent Need

**Proposed Benefit (Check Only One)**

LMI - Area Wide Benefit

\_\_\_\_\_ No. of Persons/ \_\_\_\_\_ Number of Households

\_\_\_\_\_ No. of LMI Persons/ \_\_\_\_\_% LMI Persons

\_\_\_\_\_ No. of LMI Households/ \_\_\_\_\_% LMI Households

How was the LMI data proved (*check one*)     Census     Survey

Special Assessments

\_\_\_\_\_ No. of Households in Project Area

\_\_\_\_\_ Percent of LMI Households in Project Area

Limited Clientele

\_\_\_\_\_ No. of Elderly Persons in Project Area

\_\_\_\_\_ No. of Limited Clientele to Benefit

It is the decision of the Regional Review Committee to recommend funding on this project. The dollar amount for funding should be \$ \_\_\_\_\_  
 (\$ \_\_\_\_\_ for administration and \$ \_\_\_\_\_ for \_\_\_\_\_).  
 The cost break down should be as follows:

ACTIVITY	CDBG	HOME	ESGP	HOPWA	Other Federal	State/Locals	Private	Other*	Total
Administration									
Total									

Reason for Recommendation (Use separate page, if necessary)

Review Committee Chairperson	Date	Concurrence      Yes <input type="checkbox"/> No <input type="checkbox"/>
DCS Staff	Date	
DCS Director	Date	

*(DCS USE ONLY)*      County Code \_\_\_\_\_      Census Track # \_\_\_\_\_      Block Group(s) \_\_\_\_\_