

ATTACHMENT A - REQUEST TO INITIATE PROJECT/ACTIVITY

PROJECT NUMBER:

DATE OF ORIGINAL ISSUE:

CASE NUMBER:

ORIGINAL:

REVISION #:

TARGET AREA:

DATE OF REVISION:

Pursuant to the terms of the Delegate Agency Agreement between the Department of Community Development and Housing (CDH), and the City _____, dated _____, CDH hereby requests that the following project/activity be initiated. There will be no changes in Project/Activity Title, Activity Budget (Attachment A) or in the Activity Description (Attachment B) without written approval of the Director of the Department of Community Development and Housing.

PROJECT/ACTIVITY TITLE:

ACTIVITY LOCATION:

TOTAL PROJECT FUNDING:

\$ _____

CITY CDBG ALLOCATION

RELEASED:

\$ _____

CITY CDBG FUNDS EXPENDED

AS OF:

\$ _____

DATE OF RELEASE OF FUNDS:

BALANCE OF FUNDS AVAILABLE:

\$ _____

SCHEDULE OF CITY CDBG ALLOCATION:

Years 1-28	Year 29	Year 30	Year 31	Year 32	Year 33	Year 34	
Act# _____	Act# _____	Act# _____	Act# _____	Act# _____	Act# _____	Act# _____	TOTAL OF
<u>(75-2003)</u>	<u>(2003-04)</u>	<u>(2004-05)</u>	<u>(2005-06)</u>	<u>(2006-07)</u>	<u>(2007-08)</u>	<u>(2008-09)</u>	<u>34 YEARS</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

MAINTENANCE AND OPERATION BUDGET/AGREEMENT:

OTHER PERTINENT INFORMATION:

ACCEPTANCE OF REQUEST TO INITIATE PROJECT/ACTIVITY

I hereby acknowledge the receipt of the Request to Initiate the above Project/Activity and agree to implement the activity described in Attachment B (Project/Activity Description) in accordance with the above Allocation and Balance of Funds Available subject to necessary approvals of the Board of Supervisors. The proposed budget for this project is as follows:

LAND ACQUISITION: \$ _____ -0-

PURCHASE OF EQUIPMENT:

\$ _____ -0-

STAFF COST RELATED

CONSTRUCTION COST:

\$ _____

TO LAND ACQUISITION:

\$ _____ -0-

CITY STAFF COST:

\$ _____

DESIGN:

\$ _____

CONTINGENCY:

\$ _____

CONSULTANT SERVICES:

\$ _____

TOTAL CITY CDBG ALLOCATION AVAILABLE:

\$ _____

IMPLEMENTING CITY: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

COUNTY OF SAN BERNARDINO

_____, DIRECTOR DATE: _____

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

ATTACHMENT B - PROJECT/ACTIVITY DESCRIPTION

PROJECT NUMBER:

DATE OF ORIGINAL ISSUE:

CASE NUMBER:

ORIGINAL:

REVISION #:

TARGET AREA:

DATE OF REVISION:

PROJECT/ACTIVITY TITLE:

ACTIVITY LOCATION:

ACTIVITY DESCRIPTION:

IMPLEMENTING CITY:

DATE

SIGNATURE

TITLE

DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING

DIRECTOR

DATE