



11 LaFayette Street, St. Marys, PA 15857
www.cityofstmaryspa.gov

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
"GENERAL" REQUEST FOR FUNDING

Applicant Name: _____

Contact Person/Title: _____

Address: _____

Telephone Number(s): _____

Project Summary (Please use additional paper, if necessary): _____

Estimated Costs:

CDBG Grant Request Amount:	\$ _____
Local Funds	\$ _____
State Funds	\$ _____
Federal Funds	\$ _____
Other Funding	\$ _____
TOTAL PROJECT COSTS:	\$ _____

As per the guidelines with "Selecting Activities that Comply", which National Objective best describes your project and provide supporting documentation (please use additional paper, if necessary):

