

**Project Scope and Budget  
Governor's Office for Local Development  
Office of State Grants**

**Check one of the following:**

**Local Government Economic Development Fund (LGEDF) Coal Severance Grant**

**Line-item Project**

**Renaissance**  
(Must complete Renaissance Worksheet)

**Cemetery**  
(Must complete Cemetery Worksheet)

**Body Armor**

**Area Development Fund (ADF)**  
(Must complete ADF Assurances)

**Other**

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**Project Information**

Project Title: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_ Total Project Cost: \_\_\_\_\_

County: \_\_\_\_\_ ADD: \_\_\_\_\_

Type of Project (for example - construction, revitalization, purchase of land and equipment purchase, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

If Water or Sewer Project, check one of the following and provide WX # and/or SX#:

Water WX#: \_\_\_\_\_  Sewer SX#: \_\_\_\_\_

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**Grantee Information**

Legal Applicant / Funding Recipient (entity that will execute MOA): \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Official's Name/Title: \_\_\_\_\_ County \_\_\_\_\_

**Sub-Recipient Information** (If different from Grantee)

Sub-recipient (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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**Project Contact**

Application Contact Person (consultant, area development district, etc.): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_

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**Detailed Scope of Work**

Provide a description of the project detailing all relevant project information including but not limited to the proposed project activities, a justification for project funding, any needs to be addressed by the project excepted results and public benefit to be derived from the project. Additional pages may be added if needed.

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\_\_\_\_\_

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## Detailed Project Budget

Provide a detailed cost break-down of the entire project (use and amount). Indicate by an asterisk \* or by bolding project activity or activities for which the requested funds will be used.

Use	Amount
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
Total Amount Requested	_____

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## Project Funds

List project funds that will be used for project completion.

Funding Source	Status	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## Signature

Please check that resolution is attached and sign to certify that all information is complete and correct.

Resolution is attached. (If applicable for ADF attach Statement of Assurances)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office of State Grants • Governor's Office for Local Development  
1024 Capital Center Drive, Suite 340 • Frankfort, KY 40601  
Phone: 502-573-2382 • Toll Free: 800-346-5606 • Fax: 502-573-0175 • www.gold.ky.gov