

**PROJECT INFORMATION SHEET FOR FY 2023/2024**

Public Service  Capital Improvement Project

**Project Name:**

**Organization:**

**Mailing Address:**

**Phone:**

**Fax:**

**Contact Person-Program: Name:**

**Phone:**

**E-Mail:**

**Contact Person-Finance: Name:**

**Phone:**

**E-Mail:**

**CDBG Allocated: \$**

**Brief Summary of Project (One Sentence):**

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**HUD Matrix Code:**

*(Department use only)*

**Environmental Review:**

*(Department use only)*

**Insurance:** *(Department use only)*

Approved

Expires

General Liability:

Auto Liability:

Worker's Compensation: