

Area Development Fund - Application
Kentucky Department for Local Government

Project Information

Project Title: _____

Total Amount Requested: _____ Total Project Cost: _____

County: _____ ADD: _____

Type of Project (ex: construction, purchase of equipment, etc.): _____

Start Date: _____ End Date: _____

Grantee Information

Legal Applicant/Funding Recipient: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Official's Name/Title: _____

Project Contact

ADD Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

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 expected results and public benefit to be derived from the project. Additional pages may be added if needed.

Project Funds

List project funds that will be used for project completion.

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

Signature

Please attach the following and sign to certify that all information is complete and correct.

- Statement of Assurances
- Detailed Cost Estimates
- Public Bid Documentation (required if **TOTAL** project cost is over \$20,000, not just ADF portion)
- ADD Board Minutes Approving Project

To the best of my knowledge and belief, the information in this application is true and correct.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

Signature: _____ Date: _____

Kentucky Department for Local Government
1024 Capital Center Drive, Suite 340 · Frankfort, KY 40601
Phone: 502-573-2382 · Toll Free: 800-346-5606 · Fax: 502-573-0175 · www.kydlgweb.ky.gov