

**DEPARTMENT FOR LOCAL GOVERNMENT
LOCAL MATCHING PARTICIPATION PROGRAM APPLICATION**

GENERAL INSTRUCTIONS

1. Pre-application assistance is available to answer questions regarding the eligibility of a project by calling Aaron Jones at the Department for Local Government (DLG) at 502-892-3450, or emailing at aaronj.jones@ky.gov .
2. Dollar amounts should be rounded to the nearest dollar. If information requested on the application does not appear to be relevant to your request, write N/A for not applicable. If insufficient space is available in this form for your response, attach additional pages.
3. Submit the application to Aaron Jones by mailing an original copy to DLG, Office of State Grants, 100 Airport Road, 3rd Floor, Frankfort, KY. 40601, or by emailing to aaronj.jones@ky.gov .
4. Submit a resolution with the application, authorizing the legislative body of your local government to apply for funding from the Local Match Participation Program (LMPP).
5. Submit a copy of the legally binding agreement between your local government and the primary federal sponsor of the project.

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Project Name: _____

Amount Requested: _____

Applicant's Name: _____

Address: _____

Official's Name: _____

Area Development

District: _____

Federal Grant: _____

Federal Agency: _____

(Attach additional pages if necessary)

1. Is the community a participant in the National Flood Insurance Program?

2. Describe the flood-related issues occurring at the proposed project location:

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3. Describe the scope of work to the proposed flood mitigation project:

4. List all sources of funding and amounts (Federal, State, and Local Government Agencies, Special Purpose Government Entities, Non-Profits, and/or Private Entities). Include supporting documentation (legally binding agreements and/or commitment letters).

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5. Project contact person and phone number:

Contact's Name _____

Phone Number _____

Email _____

To the best of my knowledge and belief, information in the 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.

The community's governing body has duly authorized this document.

Name Typed Chief Executive Officer

Title

Signature Chief Executive Officer

Date