

**MINNESOTA COMMUNITY DEVELOPMENT BLOCK GRANT**

**Coronavirus (CDBG-CV) Cover Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant:** |  | |  |
| **Author:** |  | |  |
| **CDBG-CV Amount Requested** | | **$** | |
| **Amount of Other Funds** | | **$** | |

**Check the community this application represents:**

**Entitlement  Non-entitlement**

**Place a check mark in each box that represents each activity you will be submitting an application for:**

**Public Services**

**Retrofitting/Commercial Rehab**

**Broadband Development Services**

Brief description of application(s):

By signing below, the Applicant certifies to the best of their knowledge that the data and information provided in the Application is true and correct.

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**Signature of Authorized Official: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Signature of Authorized Official Date:**

**Partnering Community (if applicable)**

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**Signature of Authorized Official Date:**

**Partnering Community (if applicable):**

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**Signature of Primary Administrator Official: Date:**

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**Signature of Secondary Administrative Entity Official Date:**

**(if applicable)**

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**Signature of Broadband Service Provider Official Date:**

**(Broadband only)**

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**Signature of Engineering firm Official (Broadband only) Date:**