**COMMITMENT OF OTHER FUNDS FORM**

**Community Development Block Grant-Infrastructure (CDBG-I) Program**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Name of Applicant / Unit:** | | | |  | | | | | County: | | |  |
|  | | | | | | | | | | | | |
| Mailing Address: | | |  | | Street Address: | | |  | | | | |
|  | | | | | | | | | | | | |
| City: |  | | | | | State: |  | | | Zip: |  | |
|  | | | | | | | | | | | | |
| Project Title: | |  | | | | | | | | | | |

Indicate the sources, amounts and dates of availability (use abbreviation table below to complete 'Source' column). Clearly identify the sources of *Private* and *Other* funds. **Provide a copy of correspondence indicating commitment of these funds with the application.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Source**  (Use **Abbreviations** Below) |  | **Grant or Loan?** |  | **$ Amount** |  | **Date Available** |
|  | |
| Funds from the Applicant: |  |  |  |  |
|  |  |  |
|  |  |  |  |  |
| Federal Funds: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| State Funds: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Private Funds (clearly identify): |  |  |  |  |
|  |  |  |  |  |
| Other (clearly identify): |  |  |  |  |
|  |  |  |  |  |
| Amount of this Grant Request: | CDBG-I | Grant |  |  |
|  |  |  |  |  |
| **TOTAL PROJECT FINANCING:** | | | | **$** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **ABBREVIATIONS TABLE (for 'SOURCE' column above)** | | | | |
|  | | | | |
| **Federal Sources** | **Abbrev.** |  | **State Sources** | **Abbrev.** |
| Appalachian Regional Commission | ARC | NCDEQ, Drinking Water-SRF | DW-SRF |
| Economic Development Administration | EDA | NCDEQ, Clean Water-SRF | CW-SRF |
| US Department of Agriculture | USDA |  |  |
| Community Development Block Grant | CDBG |  |  |
| Direct federal appropriation | DFA | Golden Leaf Foundation | GOLD-LF |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| **SIGNATURE OF CHIEF ELECTED OFFICIAL/AUTHORIZED REPRESENTATIVE** | | | **DATE** |
|  | | | | |
|  | | | | |
|  | , |  | | |
| **TYPED NAME** | **TYPED TITLE** | | |