

APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION

See attached instructions.

PART I. APPLICANT/GRANTEE/RECIPIENT INFORMATION	
Indicate whether this is an Initial Report _____ or an Update Report _____	
A. Applicant/Grantee Name, Address and Telephone (include area code)	
B. Recipient Name, Address and Telephone (include area code) (for economic development component only)	
C. Project Location Address	
D. Type of Assistance Requested/Provided	Amount of Assistance Requested/Provided
PART II. THRESHOLD DETERMINATION (Applicant/Grantee only)	
<p>Have you received, or can you reasonably expect to receive (including this grant application), an aggregate amount of CDAP funds in excess of \$200,000 for the time period January 1, 2005 to December 31, 2005. Yes _____ No _____</p> <p>If "yes," Parts III through V must also be completed.</p> <p>All applicants must certify that the information provided is true by signing below.</p>	
Printed Name of Applicant/Grantee/Recipient	Signature of Authorized Official
Date	Printed Name and Title of Authorized Official

Applicant/Grantee/Recipient Disclosure Certification (continued)

PART III. OTHER GOVERNMENT ASSISTANCE			
Federal Department/State/Local			Amount
Agency Name & Address	Program	Type	Requested/Provided

PART IV. INTERESTED PARTIES		
List of all persons with a Reportable Financial Interest	Type of Participation	Financial Interest in Project (\$ and %)

PART V. SOURCES AND USES OF FUNDS	
Source	Use