

**ABE (CDBG)**

**FY'16 PROGRAM INFORMATION FORM**

**NAME OF ORGANIZATION:**

**NAME OF PROGRAM:**

**ADDRESS:**

**CITY:**

**ZIP:**

**EXECUTIVE DIRECTOR:**

**TELEPHONE:**

**FAX:**

**EMAIL:**

**PROGRAM CONTACT PERSON:**

**TELEPHONE:**

**FAX:**

**EMAIL:**

**AMOUNT OF AWARD:**

**CDBG: \$**

**CDBG SLOTS:**

**TOTAL SERVED:**

**PRIMARY NEIGHBORHOOD(S) TO BE SERVICED:**

**PROPOSED SITE OF SERVICE DELIVERY:**

**OTHER KEY PARTNER(S):**