



**Certified Local Government Grant Application
Federal Fiscal Year 2024**

I. CLG Community Name: _____

Project Administrator: **CLG** **Third-Party Administrator**

CLG Chief Administrative Official:

Third-Party/Project Administrator:

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City: _____ State: OH Zip: _____

City: _____ State: OH Zip: _____

Email: _____

Email: _____

Signature: _____

Signature: _____