



# HMA Grant Pre-Application

## RETURN BY

Jurisdiction Name

Select One:    County            City            Village            Twp.            Other

---

A brief description of the proposed project, please include as much detail as possible.

Please provide a budget estimate for the project.

Please identify the required local match source.

---

Name	Email Address	County
------	---------------	--------

Address	Phone #
---------	---------

---

### FOR STATE USE ONLY

Staff Member Assigned

Project Identified in LHMP

YES      NO

Project Eligibility

Date Received

Eligible              Not Eligible