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| 1. **DATE:**  [Select Date of Form Completion] | | |
| 1. **GRANTEE NAME (Local/Tribal Govt.):**     [Enter Local/Tribal Government Name, e.g., Village of Yourville] | 1. **GRANT AGREEMENT #:**   *(if Grant Agreement # has been issued)*  [Enter GA # (e.g., FFP 24-01] | |
| 1. **PREPARER’S NAME & TITLE (*AND ENTITY / FIRM NAME, IF NOT AN EMPLOYEE OF GRANTEE)*:**   [Enter Form Preparer’s Name, Title]  [Enter Entity/Firm Name, if applicable] | 1. **PREPARER’S PHONE # & EMAIL:**   [Enter Phone #]  [Enter Email Address] | |
| 1. **PREPARER’S SIGNATURE:** | | |
| 1. **PROPERTY INFORMATION:**   *(List Properties and provide information requested below. Attach additional forms as needed.)*   * *Refer to* [*49 CFR Part 24.101(b)(1)*](49%20CFR%2024.101(b)(1)) *for voluntary acquisition criteria and requirements.* * *Refer to* [*49 CFR Part 24.2*](https://www.ecfr.gov/current/title-49/section-24.2) *for “displaced person” and other relevant definitions.* | | |
| 1. **(a) PROPERTY ADDRESS & PARCEL #:**   [Enter Property Street Address], [City], WI [Zip Code]  [Enter Parcel # if no Street Address, or delete this field] | | **(b) TARGET PURCHASE DATE:**  [Select Date] |
| **(c) Acquisition Type:**  *Check 1 Box Below:*  ***AND*** *Check 1 Box Below:*  Temporary Easement:  Voluntary  Involuntary  Permanent Easement:  Voluntary  Involuntary  Permanent Acquisition:  Voluntary  Involuntary  Acquisition of Government/Public Entity’s Property\*\* | | |
| **(d) Relocation Required?:  Yes  No  To Be Determined**  [If applicable, enter the number and names of persons or type of personal property requiring relocation, if known, and timeframe for relocation planned. If not applicable, then enter “N/A”] | | |
| 1. **(a) PROPERTY ADDRESS & PARCEL #:**   [Enter Property Street Address], [City], WI [Zip Code]  [Enter Parcel # if no Street Address, or delete this field] | | **(b) TARGET PURCHASE DATE:**  [Select Date] |
| **(c) Acquisition Type:**  *Check 1 Box Below:*  ***AND*** *Check 1 Box Below:*  Temporary Easement:  Voluntary  Involuntary  Permanent Easement:  Voluntary  Involuntary  Permanent Acquisition:  Voluntary  Involuntary  Acquisition of Government/Public Entity’s Property\*\* | | |
| **(d) Relocation Required?:  Yes  No  To Be Determined**  [If applicable, enter the number and names of persons or type of personal property requiring relocation, if known, and timeframe for relocation planned. If not applicable, then enter “N/A”.] | | |

**Email this form to assigned DEHCR Project Representative for the FFP Project   
OR if not yet assigned a DEHCR Project Representative, email to** [***FlexibleFacilitiesProgram@wisconsin.gov***](mailto:FlexibleFacilitiesProgram@wisconsin.gov)**.\***

*\* The Grantee’s Chief Elected Official (CEO) and Clerk must be copied (in the ‘cc’) on the email submission to DEHCR, if being submitted by another representative on the Grantee’s (tribal or local government’s) behalf.*

*\*\*Government/public entity sellers/owners are not covered under the URA. No URA activities are required for the acquisition, but will still be applicable for any non-government/non-public entity displacement and relocation.*