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| 1. **DATE:**  [Select Date of 5-L 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.)* |
| 1. **(a) PROPERTY ADDRESS & PARCEL #:**

[Enter Property Street Address], [City], WI [Zip Code][Enter Parcel # if no Street Address, or delete this text.] | **(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 |
| **(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 text.] | **(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 |
| **(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 Grant Funded Project
OR if not yet assigned a DEHCR Project Representative, email to** **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.*