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| --- | --- |
| UNIT OF GENERAL LOCAL GOVERNMENT’S (UGLG’S) NAME: |  |
| DEHCR GRANT AGREEMENT #: |  |

#### FINANCIAL MANAGEMENT CONTACT PERSON

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| FINANCIAL MANAGEMENT CONTACT PERSON: |  |
| *(Person designated to prepare the CDBG Payment Request form and supporting documents for CDBG payment requests.)* |

|  |  |
| --- | --- |
| CONTACT PERSON’S TITLE:  |  |
| FIRM (if applicable):  |  |
| STREET ADDRESS: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CITY:  |  | STATE: |  | ZIP CODE: |  |

|  |  |
| --- | --- |
| PHONE NUMBER:  |  |
| EMAIL ADDRESS: |  |

***Submit this form via e-mail to your assigned CDBG Project Representative in the Division of Energy, Housing and Community Resources (DEHCR) or to*** ***DOACDBG@wisconsin.gov***

#### FINANCIAL MANAGEMENT CONTACT PERSON (INSTRUCTIONS)

The UGLG must designate an individual to serve as the Financial Management Contact Person (FMCP) for the CDBG project. The FMCP should be knowledgeable about the submitted CDBG payment request(s) if questions arise and/or additional supporting documentation is needed for review.

Should the designated FMCP’s name, address, or other contact information change, **a new form must be completed** and submitted to DEHCR. If the UGLG has any questions, contact your assigned DEHCR CDBG Project Representative.

COMPLETING THE FORM:

* Fill in the “Unit of General Local Government’s (UGLG’s) Name” and the “Grant Agreement Number” fields found in the upper right corner of the *Financial Management Contact Person* form. The Grant Agreement number should be in the CDBG Award letter or in the email in which the Award letter was transmitted.
* Provide the name of the individual that will serve as the designated Financial Management Contact Person (FMCP) for this CDBG project.
* Provide the job title of the FMCP, the name of the Firm/Business where the FMCP is employed (if applicable), and the street address (including the city, state, and zip code information) where the FMCP can be reached via postage-paid mail.
* Provide a telephone number and an active email address for the FMCP.
* When this *Financial Management Contact Person* form has been completed, retain a copy of the form for the local CDBG project files.
* Submit the completed form via email to your assigned DEHCR CDBG Project Representative or DOACDBG@wisconsin.gov