APPLICANT DISCLOSURE REPORT

Part I – Summary Information

Applicant	_County of Albemarle		
Address	401 McIntire Road		
	Charlottesville, Virginia 22902		
Contact Person	Ron White		
Address	<u>1600 5th Street</u>		
	Charlottesville, Virginia 22902		
Phone Number	434-296-5839		
Project Name	Alberene Housing Rehabilitation Project		
FIN or SS#	54-6001102		
DUNS Number	066022047		

Are you requesting CDBG funding of \$200,000 or more? x YES

If yes, the remainder of this Applicant Disclosure Report must be completed.

Part II– Other Governmental Assistance in Project

Source of Assistance	Program / Use of Funds	Type of Assistance	Amount
NONE			

Part III– Interest Disclosure

Interested Parties	Social Security / FIN Employer ID	Type of Participation	Financial Interest In Project (\$ and %)
NONE			

I hereby certify that, to the best of my knowledge, the information contained in this Applicant Disclosure Report is true and accurate.

Chief Administrative Official:

_Thomas C. Foley_____ Name

<u>County Executive</u> Title

Signature

Date
