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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 that will complete the CDBG Request for Disbursement form)* | |

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

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

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

**Submit this form via e-mail (preferred) or postage-paid mail to the UGLG’s assigned CDBG Project Representative in the Division of Energy, Housing and Community Resources (DEHCR):**

Email: Your assigned DEHCR CDBG Project Representative or [DOACDBG@wisconsin.gov](mailto:DOACDBG@wisconsin.gov)

Mail: *[Insert Your Assigned DEHCR Project Representative’s Name Here]*

Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development, 9th Floor

P.O. Box 7970

Madison, WI 53707-7970

#### FINANCIAL MANAGEMENT CONTACT PERSON (INSTRUCTIONS)

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

* 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.
* 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.

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 DEHCR’s Bureau of Community Development.

* 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 to DEHCR.The Division prefers electronic submittal(s) but paper copies are acceptable (one copy). There is no need to utilize postage-paid mail if the signed document is submitted via email, however, a copy of the completed form **must** also be kept in the UGLG’s local project files.

Email: Your assigned DEHCR CDBG Project Representative or [DOACDBG@wisconsin.gov](mailto:DOACDBG@wisconsin.gov)

Mail: *[Insert Your Assigned DEHCR Project Representative’s Name Here]*

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