

**STATE & LOCAL FISCAL RECOVERY FUNDS**

**PROJECT APPLICATION FOR LOSS OF REVENUE USE**

**Organization’s Name:**

**Address:**

**Contact’s Name:**

**Contact’s Email:**

**Contact’s Phone #:**

**Project Name:**

**Project Location:**

**Project Cost:** $ **Request Amount:** $ **Applicant’s Share: $**

**Project’s Start Date:**

**Project’s Completion Date:**

**Project Type:** \_\_\_\_\_General Services \_\_\_\_\_Compensation \_\_\_\_\_Engineering Services \_\_\_\_\_Right-of-Way Acquisition \_\_\_\_\_Construction \_\_\_\_\_Other

**Brief Project Description:**

**Please include a Project Schedule as an Exhibit.**

**Project will benefit:** Individuals \_\_\_\_\_ Businesses \_\_\_\_\_ Households \_\_\_\_\_ Communities \_\_\_\_\_

**Please contact** **victor.trevino@co.cameron.tx.us** **for any questions.**