

CDBG-DR Homeowner Rehabilitation and Reconstruction Program (HRRP)  
Project Setup Form

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A. Subrecipient Information

Date Prepared

Subrecipient Name

Person Completing Report

Phone Number

Email

B. Property Information

Property Street Address

City

State

Zip Code

County

C. Activity Information

|                        |                |                |
|------------------------|----------------|----------------|
| Proposed Activity      | Rehabilitation | Reconstruction |
| Elevation              | Yes            | No             |
| Temp. Relocation Asst. | Yes            | No             |

D. Total Cost (cannot exceed established CAP without prior DCA approval)  
\$

E. Is this a revision to a previously submitted Project Setup?  
Yes                      No

F. Comments