



COUNTY *of* LUZERNE
PENNSYLVANIA
ESTABLISHED 1786

Luzerne County Act 13 Grant Application (WBI)

PART 1: APPLICANT INFORMATION

Municipality:

Address:

Phone:

Fax:

Contact Name:

Title:

Direct Phone:

Email:

Type of Application:

- Spraying
- Remediation
- Other

Has your municipality received a prior Act 13 Grant Award?

Yes No

If Yes, what year?

Applicant Request Amount:

Total Project Cost:

PART 2: SUMMARY AND TIMELINE

A. SUMMARY: Provide a short concise description of your project:

B. TIMELINE:

Expected **Start** date:

Expected **End** date:

PART 3: COST

EXPENSES: Please provide a list of expenses and show how much of each line item will be covered by or originate from this Luzerne County Act 13 Grant. List all expenses related to this project. Indicate which will be supported, in part or whole, by this grant request.

EXPENSES			
Explanation of expense.	Act 13 Grant	Other Funding Source(s)	TOTAL
	\$	\$	\$
TOTALS	\$	\$	\$

Additional comments:



Luzerne County – Administration Only

_____ Date Application Received

_____ Date Reviewed

_____ Date Notified Awarded/Declined

_____ Signed Paperwork Received