

lec	uired	
1.	Entity Name *	
2.	If entity is unincorporated community, list the government entity who will own asset. (N/A if not applicable.	
3.	Eligible Applicants - Choose Type	
	County	
	Municipality	
	Tribal Government	
	Special District	

4. Project Description: Provide brief project description. \*

5. <b>F</b>	Project Timeline: Provide timeline outlining the project phases. *
6. <b>E</b>	Budget: Provide comprehensive budget breakdown. *
	Environmental Considerations: What environmental were considerations determined for his project? *
	Public Engagement: Did the entity provide opportunities for public engagement from the community? *  Yes
(	○ No
9. I	f yes, provide a statement on how this was accomplished.
	<b>Project Sustainability:</b> Provide a brief statement on plan to keep project maintained hroughout it's useful life. *
	<b>Beautification:</b> Provide a statement highlighting the key beautification benefits of the project. *

## **Contact Information**

Please provide contact information of the Official Representative for entity.

12.	Contact Person ( Last Name, First Name) *
13.	Contact Person Title *
14.	Contact Person Email *
15.	Contact Person Phone Number *
16.	County *

## Compliance Information

	currently in compliance with the and regulations? *	budgeting reporting requirements per NM
Yes		
○ No		

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