



CITY OF LAUREL, MARYLAND
**COMMUNITY INITIATIVE GRANT
PROGRAM APPLICATION**

Date application received (to be filled out by City): _____

Please provide all information requested:

1. Applicant HOA: _____

2. Titleholder of the Property.

Name: _____

Property Tax Account Number: _____

Phone No (Daytime): _____ Fax No.: _____

3. Homeowners Association Contact Information.

Name: _____

Address: _____

Phone No (Daytime): _____ Fax No.: _____

4. Plans prepared by:

Name: _____

Address: _____

Phone No (Daytime): _____ Fax No.: _____

5. Identify all anticipated relocation expenses by source and cost:

Equipment: \$ _____

Equipment Setup Costs: \$ _____

Other (list at right): \$ _____

Total Anticipated Expenses: \$ _____

Statement of Understanding

The Homeowners Association (undersigned) agrees to comply with the guidelines and procedures of the Community Initiative Grant Program. The applicant further understands that the applicant must submit detailed cost documentation, copies of building permits and all contractors' waivers of lien upon completion of work.

The business owner(s) and all contractors must comply with all Federal, State and local regulations.

HOA President Signature: _____ **Date:**

HOA Secondary Signature: _____ **Date:**

Return this application with proper signatures to:

City of Laurel
Attn: Department of Parks and Recreation
8103 Sandy Spring Road
Laurel, Maryland 20707-2502

Or Fax to: (301) 490-5068
Attn: Department of Parks and Recreation