

Documentation of other Funds Received

Des Plaines CDBG CV-3 Public Service Grant Program

List amount of all Cares Act or other funds received; what the funds were utilized for and the dates expended. If zero dollars were received please put a zero in the total box and sign.

[illegible]

TOTAL: \$_____

Applicant Name: _____

Signature: _____

Today's Date: _____