

LEAP PARTICIPANT IDENTIFICATION SUPPLEMENTAL FORM

Participating Local Unit:

Entity Name:	County:
Address:	
Program Contact Information	
<i>Program Administrator:</i>	<i>Contact Person & Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

Participating Local Unit:

Entity Name:	County:
Address:	
Program Contact Information	
<i>Program Administrator:</i>	<i>Contact Person & Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

Participating Local Unit:

Entity Name:	County:
Address:	
Program Contact Information	
<i>Program Administrator:</i>	<i>Contact Person & Title:</i>
Voice Phone/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

PLANNED EXPENDITURES FORM – CONSULTANT SERVICES - LEAP 5

Submit this form or a separate consultant proposal detailing the following information.

Applicant:

Project Name:

Identify the consultant and describe the service(s) to be provided.

(Continue on the back of this form if additional space is needed)

Activity/Task	Consultant Staff Level Assigned	Rate Per Hour/Per Day	Est. Time for Completion (hours/days)	(A) Cost Per Activity/Task
1.		\$		\$
2.				
3.				
4.				
5.				
6.				
TOTAL				\$

OTHER EXPENSES (Itemize)	(B) COST
	\$
TOTAL Column (B) Costs	\$
TOTAL Columns (A) and (B) Costs (Also enter this amount on Form LEAP-4 next to “Consulting”)	\$

Participating Local Unit Acknowledgement

By signing this application form, each participating local unit signatory attests to the express authority to sign on behalf of the local government he or she represents and to the accuracy of the information contained in the application.

Signature
(Print) Name and Title: _____
(Print) Applicant (Lead) Entity: _____

Signature
(Print) Name and Title: _____
(Print) Participating Local Entity: _____

Signature
(Print) Name and Title: _____
(Print) Participating Local Entity: _____

Signature
(Print) Name and Title: _____
(Print) Participating Local Entity: _____