

## COOK COUNTY DISASTER RESPONSE AND RECOVERY FUND

Municipality:						Date:
FEIN:		UEI:		<u></u>	DUNS	):
Project		Primary	Name:			
Name:				Phone:		
			Contact	Email:		
	<b>r request you seek fu</b> espond to a declared d		nd is designe	d to help m	nunicipa	alities deal with emergency
2. What is the tot	al amount requested for	reimbursement?				
3. Describe the tir project. In other v	meline of your request wit words, how do you plan to	th key milestones to move from the er	that clearly out nergency resp	line activitie onse to an o	es that le	ead up to the completion of your recovery situation?

## Cook County Department of Emergency Management and Regional Security COOK COUNTY DISASTER RESPONSE AND RECOVERY FUND

4. Provide a budget breakdown of all the costs you are seeking funds for reimbursement. Please list any contracts you have i place, their duration, the costs associated with each contract, and if you are simply purchasing goods or services on an a needed basis, please list those costs as well.
5. What, if any, existing funding is in place for the proposed request(s) and how will the emergency fund match or supplement your available funding?
6. How long do you need funding? Please specify the length of time you seek funding.
7. Above in Question #4 we ask about existing contracts – if you do not have contracts in place, what is the procurement process in place to obtain goods or services? Will you need assistance in procuring goods or services?
8. What plans or funding exist to sustain the project once emergency funds are exhausted?