Sent_	
Received	
Reviewed	

Relocation Assistance Program

WRAP Checklist

1.	Name of Agency or Municipality								
2.	Name of Contact Person Title Phone FAX E-Mail								
3.	Displacement Period	/ /		to	/ /				
4.	Reason for Displacement	ÿ ÿ	-	sition/ (Enforce	Capital P	roject			
5.	Address(es) provided of buildings a	ffected	?	ÿ ÿ	Yes No				
6.	Number of People Being Displaced		Individuals Families						
7.	Number of Businesses Being Displ	aced	Busir	iesses				_	
8.	Does the WRAP determine the exte	ent of t	the nee	d of the	e displa	cees?	ÿ ÿ	Yes No	
	Comments:								
9.	Does the WRAP identify available replacement housing?				?	? ÿ ÿ		Yes No	
	Comments:								

		Received		
		Reviewed		
10.	Does the WRAP identify available replacement busines	s locations?	ÿ ÿ	
	Comments:			
11. with	Does the WRAP identify whether there is coordination other displacing agencies? ÿ Yes	of relocation a ÿ	ectivit No	
	Comments:			
12.	Does the WRAP identify how hardships to displacees will y Yes	ll be minimize ÿ	d? No)
	Comments:			
13. repla	Does the WRAP ensure the availability of decent, safe, accement housing?	and sanitary		
	ÿ Yes	ÿ	No)
	Comments:			
12.	Does the WRAP provide the source, amount, and availa ssary for relocation?	bility of funds	3	
	ÿ Yes	ÿ	No)
13.	Estimated cost of relocation for individuals and families	\$		
14.	Estimated cost of relocation for businesses	\$		
15	Total Project Estimate	\$		

Sent ___

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16.	Are State funds requested?	ÿ	Yes			ÿ	No
17.	Estimated amount of assistance re	equested	(if app	licable)	\$_		
18.	Original signatures on application?	•	ÿ	Yes		ÿ	No
Othe	r comments:						