



PROGRAM YEAR 2021
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION FOR FUNDING

Project Category: <i>(check one only)</i>	<input type="checkbox"/> Public Service
	<input type="checkbox"/> Economic Development
	<input type="checkbox"/> Capital Improvement
	<input type="checkbox"/> Housing Activities

Application Number:
(CDBG Program Office Use Only)

Applicant Agency Information:

Applicant legal name:					
Applicant Address:					
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other
Tax ID number:					
Agency DUNS number:		CAGE Code:			

Project Title:

Funding Request:

Total funding requested in this application:		
Total cost to complete project:		

Project Information:

Project address(s):	Census tract:	Council district:

Section 1: Project Details

1.1	Project category: <i>(check one only)</i>	<input type="checkbox"/> Public Service <input type="checkbox"/> Economic Development <input type="checkbox"/> Capital Improvement <input type="checkbox"/> Housing Activities
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1.4	CDBG Criteria: Which CDBG criterion below does your project meet?	
<input type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income LMI).	
<input type="checkbox"/>	(2) Limited clientele (select subpart below):	
<input type="checkbox"/>	(a) Special needs group (select benefit group from the list below):	
<input type="checkbox"/>	<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	<input type="checkbox"/>	(ii) Elderly persons 62 years or older
<input type="checkbox"/>	<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	<input type="checkbox"/>	(iv) Severely disabled adults (not children) – Census definition; documentation required
<input type="checkbox"/>	<input type="checkbox"/>	(v) Illiterate adults
<input type="checkbox"/>	<input type="checkbox"/>	(vi) Persons living with HIV/AIDS
<input type="checkbox"/>	<input type="checkbox"/>	(vii) Migrant Farm Workers
<input type="checkbox"/>	<input type="checkbox"/>	(viii) Homeless persons
<input type="checkbox"/>	(b) At least 51% of clientele to be served will be documented as LMI.	
<input type="checkbox"/>	(3) Housing (select subpart below):	



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<input type="checkbox"/>	(a) <i>Single family (must be 100% LMI)</i>
<input type="checkbox"/>	(b) <i>Multi-unit (must be 51% LMI)</i>
<input type="checkbox"/>	(4) Job creation: <i>At least 51% of jobs for LMI persons:</i> Number of FTE jobs to be created:

1.5 Project Description

Include supporting documentation and statement of need. Project must meet one of the goals listed in the Consolidated Plan. Describe the target population that will benefit from the project and estimated number of clients to be served. Use additional sheets if necessary.



Section 3: Agency Capacity			
3.1 Who will be the person responsible for the overall oversight of the proposed project?			
Name of person:			
Title of person:		Fax Number:	
Telephone Number:		Email Address:	
3.2 Who will be the alternate person responsible for the overall oversight of the proposed project?			
Name of person:			
Title of person:		Fax Number:	
Telephone Number:		Email Address:	
3.3 Who will be the person responsible for the day-to-day operations and management of the proposed project?			
Name of person:			
Title of person:		Fax Number:	
Telephone Number:		Email Address:	
3.4 Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?			
Name of person:			
Title of person:		Fax Number:	
Telephone Number:		Email Address:	
3.5 List the evaluation tools your agency plans to employ to track and monitor the progress of the project. Include fiscal oversight policies and agency capacity. Demonstrate applicants experience on serving low to moderate income population. Provide a Board of Directors list or Board of Trustees/Elected officials with the application. Use additional sheets if necessary.			