

## Applicant Name (Agency or Non-Profit):

**Primary Contact:** 

(Please indicate the authorized signatory of your organization/agency, e.g. executive director, president, or equivalent.)

Name:

Address:

Email:

Phone Number:

Program/Project Name:

Important Note: The Performance Period for this 2025 Program Year cycle will be from January 1, 2025, to December 31, 2025.

I acknowledge the above statement.

Are you able to complete this project/program by December 31, 2025? (Social Service projects must be completed by this date.):

Yes, I am able to complete the proposed project/program by December 31, 2024.

No, I am unable to complete by December 31, 2024; the estimated completion date is:

Amount requested for the 2025 funding cycle (Please note that the performance is from January 1, 2025, to December 31, 2025.

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Program or Project Description (1000-character limit):



General Information: Select the category which best describes the type of activity for which funds are being requested.

Public facilities and public improvements
Economic development and employment training
Real property acquisition or rehab
Public services
Crime prevention
Building capacity of community resources
Code enforcement (reduce blight)
Homeless facilities
Fair housing (prevent discrimination)
Housing rehabilitation or home ownership assistance
New housing construction (community-based development organizations only)
Emergency repairs or assistance due to displacement
Electrical utilities improvements
Energy conservation and renewable resources
Response to COVID-19
Other, describe:

Project Eligibility: Which HUD objective does your project or program meet? (Low-income means households earning less than 80% of the area median income.)

Benefit to low-income individuals or households
Addresses the prevention or elimination of slums or blight.
Meets a particularly urgent community development need.

Project Accomplishments: How will you report your accomplishments? (Individuals means unique persons. Households and housing units are tracked the same but are reported separately. For neighborhoods, please estimate the number of low-income residents in the neighborhood. (If you do not know the number of residents in the neighborhood, please reach out to CDBG staff for guidance.)

Individuals

**Housing Units** 

Households

Low-Income Area



## **Project/Program Accomplishments**

How many individual/households will your project/program help?

Performance and Outcomes: What are the goals of your project/ program and what community needs will they address?



**Organizational Capacity: Describe your organization's experience with similar programs/projects.** (1000- character limit)

Grant Management Experience: Please describe your organization's experience in managing federal and/or state grants. (1000-character limit)



Program Contact: Please provide contact information for the person directly responsible for managing the program or project on a day-to-day basis.

Name (if different than the contact information address on Page 1):

Address:

Email:

Phone Number:

**Position or Title:** 

Years of Experience:

How many full-time employees will work on your project or program? (full-time is 40 hours per week)

How many part-time employees will work on your project or program?

How many volunteers will work on your project or program?

Partner Agencies/Non-Profits: Will your organization be partnering with any outside agencies or groups on this project/program? If so, with whom?



Could your program/project be successful if you received less than your requested grant funding?

Yes

No

Unsure

If you answered "Yes" to the prompt above, please describe the changes your organization will make so that the program or project is successful with reduced funding.

ATTACH your program/project budget for the 2025 program year. Please include a spreadsheet (Excel) budget that includes all alternative funding, in-kind donations and labor, and any other resources. (Note the program performance period is January 1, 2025, through December 31, 2025).

Program/Project Budget for proposed project Attached.



Is your organization willing to submit any and all necessary information to CDBG administrators pursuant to the Federal Funding Accountability and Transparency Act of 2006 (FFATA) as required by 2 CFR Part 170?

Does your organization receive more than 80% of annual gross revenues from the federal government?

Does your gross revenues from the federal government exceed \$25,000,000 annually?

## Are you registered with System for Award Management (SAM) at SAM.gov?

Yes, my SAM Unique Entity ID is included in the packet.

No, but I will register and submit my SAM ID once I have received it.

## Please include the following additional Attachments:

Articles of Incorporation and By-laws and Amendments

Secretary of State Certification of Good Standing (Online printout/screenshot is acceptable)



Organizational Chart and Agency Mission Statement



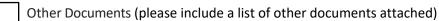
Certified Audit (Most recent)



Profit and Loss Statement for most recent year.



Insurance Documents



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**Application Questions**