

Application Checklist- CDBG

The following must be included as part of your application. It will be noted where materials or responses are optional or applicable only under certain circumstances.

EXHIBITS TO APPLICATION FOR CDBG ASSISTANCE

The following documentation must be submitted with all requests.

- Resolution, minute action, or other documentation indicating the governing body authorizes the submission of the application.
- A list of current and immediate past members of the Board of Directors.
- Certificate of Incorporation under authority of the State of Texas.
- Articles of Incorporation.
- If applicable, State Tax-Exempt Certificate, and/or IRS Letter of Designation as 501 (c)(3).
- Current fiscal year's financial statement.
- Proposed operating budget for grant period.
 - If applicable, documentation of commitment letters from other funding sources.
 - Documentation of quotes or proposals for cost of project.
 - Timeline for completion of project.
- Most current fiscal year's audit report.
- List of key personnel and their major responsibilities.
- If applicable, a history of funding from CDBG or HOME funds.

Project/Program Title	
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Part I - Applicant Information

Applicant			
Tax ID Number		DUNS Number	
Type of Organization	<input type="checkbox"/> Nonprofit <input type="checkbox"/> Government <input type="checkbox"/> CHDO <input type="checkbox"/> CBDO <input type="checkbox"/> Faith-Based <input type="checkbox"/> Private for-profit		
Application Contact Name		Title	
Telephone		Fax	
E-mail Address			
Project/Program Address			
Type of Project	<input type="checkbox"/> HOUSING New construction, rehabilitation, acquisition (Attach Supplemental Application) <input type="checkbox"/> PUBLIC SERVICE Social service assistance, community event, operational costs of a service or program <input type="checkbox"/> PUBLIC FACILITY Acquisition, new construction, rehabilitation of a facility where a public service or program will be located <input type="checkbox"/> ECONOMIC DEVELOPMENT Job creation/retention..... <input type="checkbox"/> OTHER		
Brief Description of Project that CDBG funds will be used for			
Requested Funding			
Other Contributions			
Applicant Contributions			
Total Project Cost			
CEO/Director Name		Title	
Telephone		Fax	
E-mail Address			
Signature		Date	

Part II - Application Narratives

Section 1 - Program Design

Provide a concise description of how the CDBG funds will be utilized. *A more detailed description may be provided in Appendix A.*

Describe the facility where services will be offered or the facility to be improved or constructed. *If requesting funding for facility improvement or construction, please provide sample bid specifications.*

What hours will the services be provided or what hours will the facility be open to the public?

CDBG grant funds are paid out to subrecipient organizations on a reimbursement basis only. Describe how the organization will cover costs of the project expenses up front.

List the names and titles of currently employed staff that are qualified and experienced in undertaking the proposed project. Will additional staff or workload reassignments be required?

Describe how the facility where services will be offered, or the facility to be improved or constructed, will be accessible to the elderly and persons with disabilities.

Describe any program modifications or accommodations that will be made available to persons with disabilities.

What languages will services be offered in? What languages are spoken by the staff at the facility?

Section 2- Need and Justification

Which National Objective does your proposed activity meet? *Provide documentation on how your proposed project meets this objective*

- Low/Moderate Income Persons or Households
- Elimination of Slum/Blight
- Urgent Need

Who are the intended beneficiaries of the activity?
Describe the level of need and documentation that supports the unmet need. <i>Please be brief. Additional narrative and supporting documentation may be attached in Appendix B.</i>

How will the activity meet the identified need and serve the intended beneficiaries?

Are there similar services being provided by other agencies or agencies that serve the same population? If yes, please describe how your activity is necessary.

Is this a service that you are currently providing or a facility you currently operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is this a service that you are currently providing? If so, please describe how additional funding would increase the level of service, preserve an increased level of service, or serve a currently underserved population or area.

If this is an improvement to or construction of a public facility, please describe how this will increase or preserve the capacity of the facility, or serve a currently underserved population or area.

Section 3 - Community Benefit

When answering the following questions, please refer to the income limits table provided in the applicant information packet. The percentages should reflect the percent of the total. If the proposed services currently being provided or the facility is currently being operated, please complete the table on the following page.

For the service or public facility to be funded under this request, for a period of one year October 2018–September 2019.	Total	
	Number	Percent
How many unduplicated persons are expected to benefit?		100%
How many are expected to be low income? \leq 80% AMI		
... very low income? \leq 50% AMI		
... extremely low income? \leq 30% AMI		

If a service , will it be limited to a specific area? If yes, please describe the area and how the service will be limited to that area. <i>Provide documentation to verify that the population of the identified area is 51% or more low-moderate income (One-mile radius area maps and census reports required)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If a public facility , will the improvements or construction primarily benefit a neighborhood or are they of contiguous neighborhoods? If yes, please describe the area, attach a letter-sized map, and describe how the benefit will be limited to that area.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has this service been continuously provided or facility continuously operated? If yes, what year was it first provided or operated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate if you are serving one or more of the identified presumed benefit populations.	<input type="checkbox"/> Abused/neglected children <input type="checkbox"/> Elderly persons (62+) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Severely disabled adults <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with HIV/AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Homeless persons
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Will the proposed activity assist the chronically homeless? If yes, please describe how.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the proposed activity serve to prevent homelessness? If yes, please	<input type="checkbox"/> Yes <input type="checkbox"/> No

describe how.	
Describe the methods used to document the number and income of the persons who benefit from your service or facility. Attach past reports and samples of any written tools you use to collect information.	

Indicate the beneficiary information you currently collect, compile, and report.	<input type="checkbox"/> Income <input type="checkbox"/> Persons in the household <input type="checkbox"/> Gender <input type="checkbox"/> Race <input type="checkbox"/> Hispanic ethnicity <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Female head of household <input type="checkbox"/> Homeless
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Complete the following table only if the proposed service is currently being provided or the facility is currently being operated.

For the service or public facility to be funded under this request, for a period of one year October 2017–September 2018. (Projected.)	Total	
	Number	Percent
How many unduplicated persons are expected to benefit?		100%
How many are expected to be low income? \leq 80% AMI		
... very low income? \leq 50% AMI		
... extremely low income? \leq 30% AMI		
For the service or public facility to be funded under this request, for a period of one year October 2016–September 2017.	Total	
	Number	Percent
How many unduplicated persons benefited?		100%
How many persons were low income? \leq 80% AMI		
... very low income? \leq 50% AMI		
... extremely low income? \leq 30% AMI		
For the service or public facility to be funded under this request, for a period of one year October 2015–September 2016.	Total	
	Number	Percent
How many unduplicated persons benefited?		100%
How many persons were low income? \leq 80% AMI		
... very low income? \leq 50% AMI		
... extremely low income? \leq 30% AMI		