



**CITY OF GRANTS PASS
2021-2022 Program Year Community Development Block Grant
(CDBG) Application for Public Service Activities**

These completed Sheets shall be included as the first pages on all submittals.

Community Development Block Grant (CDBG) FISCAL YEAR _____

I. APPLICANT INFORMATION

Legal Name of Applicant/Organization: _____

Type of Organization: Non-profit _____ Government _____

State of Incorporation: _____ State Corporation No: _____

Executive Director's Name(s): _____

Applicant/Organization Mailing Address:

Applicant Street Address:

IRS Classification: _____

Federal Tax ID#: _____

Mission Statement: (may be attached)

II. CONTACT PERSON (designate a contact person who is familiar with the project)

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

III. PROJECT INFORMATION SUMMARY

Project Name or Title:

Expected Completion Date: _____

Requested CDBG Funds: \$ _____

Organizational Match: \$ _____

Funds from Other Sources: \$ _____

Total Project Cost: \$ _____

Certification:

"I certify that I have reviewed this application for public service CDBG funds and that, to the best of my knowledge and belief, all of the information provided in this application is true." I verify that the information I have provided in this application is correct and complete. If funded, I will abide by all relevant policies and procedures of the City of Grants Pass and of HUD's CDBG Public Service Grant Program. Any marketing or advertisements of this program will acknowledge funding from the U.S. Department of Housing and Urban Development and the City of Grants Pass.

Signature of Authorized Representative

Date

Print Name

Title

Please select only one for each of the following categories:

1. **CDBG Request:** On-going Support New Project

2. **Low- and Mod Benefit:** Limited Clientele

3. **Local Priorities:**

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Crime and delinquency prevention programs | <input type="checkbox"/> Homeless Support Services |
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Special Needs populations |
| <input type="checkbox"/> Emergency assistance | <input type="checkbox"/> Support services for seniors |
| <input type="checkbox"/> Health services (including mental health) | <input type="checkbox"/> Youth support services |
| | <input type="checkbox"/> Youth training |

4. **Performance Measurement:**

- New or continuing access to a service or benefit
- Improved access to a service or a benefit

5. **Project Location** (where services will be provided): _____

6. **FY 20-21 Beneficiary Information:**

- Total number of beneficiaries in program
- Percentage of beneficiaries in program that are City of Grants Pass residents
- Percentage of the total beneficiaries with low- to moderate-income

7. **CDBG Funding:**

- Amount of CDBG funding requested
- Total number of beneficiaries in program to be served with CDBG funds

CITY OF GRANTS PASS
2021-2022 Program Year
CDBG APPLICATION COMPLIANCE CHECKLIST
Public Service Activities

In order to determine compliance with all applicable HUD regulations and to help to ensure that projects will be eligible for CDBG funding, the City of Grants Pass is required to address HUD requirements. The purpose of this list is to point out areas where potential problems could arise. The City must evaluate a wide array of different kinds of proposals. Therefore, not every item will be applicable to every project. **Please complete and include as part of your proposal application.**

A. Applicant's Background	Yes	No	N/A
1. Is the applicant a legal non-profit organization or unit of government?			
2. Do the proposed clients or users of the project meet HUD Income Guidelines (see page 6 for guidelines)?			
3. Does applicant have the capability to maintain written income documentation?			
4. Has the applicant made a legal or financial commitment to a proposed project?			
5. Is the applicant primarily a religious organization?			
6. Has the applicant administered a CDBG project previously?			
7. Is your agency willing and able to provide all required reports and accountability to the City as required by HUD?			

Form A
Public Service Activities Proposals

Public Service Activity Proposals Start and Complete Dates

Activity	Start Date	Completion Date

Social service providers should list key benchmarks in the table above for their proposed projects (i.e. hire of personnel, application for further funding, initiation of direct client services, etc)

Form B

SOURCE(S) OF FUNDS FOR OPERATING EXPENSES WORKSHEET

Completeness of this worksheet establishes the capacity of the organization to sustain the operations of the program(s).

Sources	Secured	Conditional (awarded with conditions)	Tentative	Commitment Date
Federal Grants				
State Grants				
Local Grants				
Non-Governmental Grants				
Donations/Gifts				
Applicant Contribution				
Program Income				
Loans				
Other (specify)				
Other (specify)				
TOTAL				

Please provide a description of the timeline of loan and grant application dates as related to the proposed project. Specifically, for any tentative funding sources please provide application dates, award dates and funding availability dates.
