

CLEARFIELD CITY

CDBG APPLICATION FOR 2016-2017

| | | |
|--|--|------------------------------------|
| A. Applicant Information | | For Staff use only. Log Number: |
| 1. Applicant name: | 2. Office Address: | |
| 3. Contact Person: | 4. Title: | |
| 5. Phone: | 6. Fax: | |
| 7. E-mail: | 8. Mobile: | |
| 9. Federal ID #: | 10. State License #: Expiration Date: | |
| 11. Type of Agency: City agency <input type="checkbox"/> Private nonprofit <input type="checkbox"/> Private for-profit..... <input type="checkbox"/> Community council..... <input type="checkbox"/> Other _____ <input type="checkbox"/> | 12. If nonprofit, submit IRS 501(c) 3 status. Letter included? Yes <input type="checkbox"/> | |
| | 13. If private agency, submit list of current board members. List included? Yes <input type="checkbox"/> How often does board meet? | |
| 14. Describe the current services your agency provides: | | |

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| B. Project Information |
| 1. Project title: |
| 2. Project Description. Describe in detail the services or activities that will be provided: |

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|--|--|--------------------------|-------|--------------------------|---------|--------------------------|--------------------|--------------------------|------------|--------------------------|------------|--------------------------|---------------|--------------------------|---------------|--------------------------|---|-------------------|--------------------------|---------------------------|--------------------------|------|--------------------------|----------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|-------------|--------------------------|
| 3. Project location. List all locations and addresses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Project objectives: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Geographic area where project occurs or participants come from: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Project start date: | 7. Project completion date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Project outcomes. Identify the services provided from the following categories of groups (if proposed funds are for administrative expenses, identify recipients served by those funds). Choose one: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td>People (general)</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Youth</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Elderly</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Elderly households</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Households</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Businesses</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Organizations</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Housing units</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> | People (general) | <input type="checkbox"/> | Youth | <input type="checkbox"/> | Elderly | <input type="checkbox"/> | Elderly households | <input type="checkbox"/> | Households | <input type="checkbox"/> | Businesses | <input type="checkbox"/> | Organizations | <input type="checkbox"/> | Housing units | <input type="checkbox"/> | <table style="width: 100%; border-collapse: collapse;"> <tr><td>Public facilities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Feet of public facilities</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Jobs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Persons with special needs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Persons with HIV/AIDS</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Persons who are homeless</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Persons at risk of homelessness</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> | Public facilities | <input type="checkbox"/> | Feet of public facilities | <input type="checkbox"/> | Jobs | <input type="checkbox"/> | Persons with special needs | <input type="checkbox"/> | Persons with HIV/AIDS | <input type="checkbox"/> | Persons who are homeless | <input type="checkbox"/> | Persons at risk of homelessness | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| People (general) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Youth | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elderly | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elderly households | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Households | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Businesses | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organizations | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Housing units | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public facilities | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feet of public facilities | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jobs | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons with special needs | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons with HIV/AIDS | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons who are homeless | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persons at risk of homelessness | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other _____ | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Is this an on-going program <input type="checkbox"/> or a new program or project? <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Number of persons served last program year: _____ (For this program only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Number of persons expected to be served in the new program year: _____ (For this program only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. If you are requesting funds for physical improvements or acquisition of facilities, Do you own the property in question? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a 5-year lease? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, explain. Is this application for City-owned property? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Funding Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Amount of CDBG funds requested from Clearfield City: | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. List your other funding sources for this project: Other federal sources State County Cities Private Applicant in-house Other | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Total of all revenue sources | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

D. Community Information

1. What partnerships have been created between your organization and others for the project?

2. Explain how your project addresses community or City needs:

3. List Clearfield City Consolidated Plan goals your project accomplishes:

4. Provide letters of support or commitment from direct or indirect funding partners and service partners.
 Letters attached? Yes No

E. Proposed Project Budget

| 1. Personnel Costs | | Total project amount | CDBG portion only |
|--|----------------------|----------------------|-------------------|
| List salaries and benefits of all applicable positions | | (including CDBG) | |
| | List % of time spent | \$ | \$ |
| Total Personnel Expenses | | \$ | \$ |
| 2. Operating Costs | | Total project amount | CDBG portion only |
| List operating expenses | | (including CDBG) | |
| Supplies | | \$ | \$ |
| Professional services | | \$ | \$ |
| Travel | | \$ | \$ |
| Utilities | | \$ | \$ |
| | | \$ | \$ |

F. Project Eligibility Requirements

To be eligible for CDBG funding, a project must qualify within one of the three following categories. **Circle** the category under which the project qualifies:

- A. Benefit to low/moderate income persons (includes elderly and handicapped)
- B. Prevention or elimination of slums and blight
- C. Urgent need

If you circled Category A, the following information must be provided:

1. Is your program primarily designed to serve elderly? Yes No
handicapped? Yes No
2. Does your program have income eligibility requirements? Yes No
3. Client Benefit: At least 51% of clients who will benefit from the proposed project have incomes at 80% median income or less.
 - a. What percentage of the proposed project's clients are residents of:
Clearfield City %
All other outside the City %
 - b. Identify percentages of the project's service clients whose gross incomes for 2010 are:
At or below 50% median income %
At or below 80% median income,
but greater than 50% median income %
Over 80% median income %
4. Area Benefit: The proposed project benefits a low-moderate income area. Indicate below the street names that form the north, south, east and west boundaries of your service area:

G. Applicant Certification

1. Print name of authorized person:

2. Signature of authorized person:

3. Title:

4. Print name of registered agent:

5. Date:

CDBG Checklist

1. Cover Letter (6 copies)
2. Completed and signed CDBG application (6 copies)
3. If non-profit, IRS 501 (c) (3) status letter (6 copies)
4. List of board members (6 copies)
5. If applicable, letters of support or commitment from funding and/or service partners (6 copies)
6. If applying for funds for physical improvements to buildings, costs estimates from City Engineering (telephone 525-2781) (6 copies)
7. If applying for funds for physical improvements to buildings, photos of the areas proposed to be improved. (6 copies)
8. If applying for funds for street improvements, cost estimates from City Engineering (telephone 525-2781) (6 copies)