**2018-2019 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**PART ONE:**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART TWO:**

**Proposed Project Location:** ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the project is a capital project, an economic development activity or a target area project, include a copy of the map showing the project areas boundaries, the census tracts/block groups (ct/bg) and the low/mod percentage in each ct/bg.)

**Total Proposal Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minimum Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CDBG Eligible Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (See List A in Application Packet)

**National Objective Compliance/Low and Mod Benefit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(See List B in Application Packet)

**City Council Identified Critical Needs:** (See List C in Application Packet)

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beneficiary Information:**

 **\_\_\_\_\_\_\_\_\_\_\_** Total number of beneficiaries in proposed project

 **\_\_\_\_\_\_\_\_\_\_\_** Number of beneficiaries in program to be served with **CDBG** funds

 **\_\_\_\_\_\_\_\_\_\_\_** Percentage of the **CDBG** beneficiaries with low/moderate income

**\_\_\_\_\_\_\_\_\_\_\_** Cost ($) per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries) **CITY OF DAVIS**

**2018-2019 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**PART THREE: Scope of Proposal**

**a.  Need/Target Group**(Describe the need for the activity and the group being served)

|  |
| --- |
|  |

**b.  Project Description/Benefit**  (Activity Summary:  Describe the activities of the proposed budget and benefit)

|  |
| --- |
|  |

**c.  Outreach** (Describe the outreach your organization will provide for the CDBG-funded project, as well as provide a list of the languages currently included in your organizational outreach)

|  |
| --- |
|  |

**d.  Organizational Capacity**(Summarize your organizational capacity for the proposed project)

|  |
| --- |
|  |

**e.  Partnerships and Other Resources** (List other agencies you collaborate with and indicate whether or not your proposed project is duplicative of other projects operated by local public or non-profit organizations)

|  |
| --- |
|  |

**PERFORMANCE MEASUREMENTS AND SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY**(What the program does to fulfill its mission) | **INDICATOR**(The direct products of program activities) **SERVICE #s**  | **OUTCOME**(Benefits that result from the program) | **COMPLETION DATE**(When the specific task is completed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**CITY OF DAVIS**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **CDBG Portion** |  | **Other Funds for Project (Non-CDBG)** |
| **Budget Category** | **Salaries & Wages** | **Fringe****Benefits** | **Total Salary + Fringe** | **Other****Federal Funds** | **State****Funds** | **Local****Funds** | **Private Funds****(List Source)** | **Other****(List Source)** | **Totals** |
| Salaries/Wages (Specify each position) |  |  |  |  |  |  |  |  |  |
| **Direct Service Personnel** |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| **Administrative Personnel** |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |
| Consultant/Contract Services |  |  |  |  |  |  |  |  |  |
| **TOTAL PERSONNEL BUDGET** |  |  |  |  |  |  |  |  |  |
| Supplies and Equipment for Service Delivery |  |  |  |  |  |  |  |  |  |
| **DIRECT SERVICE SUPPLIES AND EQUIPMENT BUDGET** |  |  |  |  |  |  |  |  |  |
| Office Rent |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |
| Office Supplies |  |  |  |  |  |  |  |  |  |
| Project Supplies (Specify) |  |  |  |  |  |  |  |  |  |
| Printing |  |  |  |  |  |  |  |  |  |
| Travel |  |  |  |  |  |  |  |  |  |
| Training |  |  |  |  |  |  |  |  |  |
| Internet |  |  |  |  |  |  |  |  |  |
| Postage |  |  |  |  |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |  |  |  |  |
| **TOTAL DIRECT SERVICE BUDGET** |  |  |  |  |  |  |  |  |  |
| **ADMINISTRATIVE COST BUDGET** |  |  |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |  |  |
| Fidelity Bond |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |
| Telephone |  |  |  |  |  |  |  |  |  |
| Other (Specify) |  |  |  |  |  |  |  |  |  |
| **TOTAL DIRECT COST BUDGET** |  |  |  |  |  |  |  |  |  |
| **TOTAL PROJECT BUDGET** |  |  |  |  |  |  |  |  |  |

BUDGET SUMMARY FOR PROPOSED PROJECT***\****

\* Please revise this form and annotate budget items as needed

**All applicants are requested to submit a copy of their organization’s Operating Budget.**

**CITY OF DAVIS**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

CAPITAL PROJECT BUDGET SUMMARY\*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |  |  | **CDBG Portion** |  | **Other Funds For Project (Non-CDBG)** |
| **Budget Category**  | **Salaries & Wages** | **Fringe****Benefits** | **Total Salary + Fringe** | **Direct Project Related Costs** | **Other****Federal Funds** | **State****Funds** | **Local****Funds** | **Private Funds****(List Source)** | **Other****(List Source)** | **Totals** |
| **Project Development and Management Staff** |  |  |  |  |  |  |  |  |  |  |
| Salaries/Wages (Specify each position) |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |
| **Land Acquisition** |  |  |  |  |  |  |  |  |  |  |
| **Design** |  |  |  |  |  |  |  |  |  |  |
|     Architect |  |  |  |  |  |  |  |  |  |  |
|  Engineer Fees |  |  |  |  |  |  |  |  |  |  |
|     Materials |  |  |  |  |  |  |  |  |  |  |
|     Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
|     Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
|     Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
| **Final Development** |  |  |  |  |  |  |  |  |  |  |
|     Materials |  |  |  |  |  |  |  |  |  |  |
|     Soft Costs |  |  |  |  |  |  |  |  |  |  |
|           Carrying Costs |  |  |  |  |  |  |  |  |  |  |
|           Fees |  |  |  |  |  |  |  |  |  |  |
|           Permits |  |  |  |  |  |  |  |  |  |  |
|     Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
|     Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
| **Renovation or Construction (Specify Each)** |  |  |  |  |  |  |  |  |  |  |
| Electrical  |  |  |  |  |  |  |  |  |  |  |
| Plumbing  |  |  |  |  |  |  |  |  |  |  |
| Heating  |  |  |  |  |  |  |  |  |  |  |
| Interior Rehabilitation  |  |  |  |  |  |  |  |  |  |  |
| Exterior Rehabilitation  |  |  |  |  |  |  |  |  |  |  |
| Grounds  |  |  |  |  |  |  |  |  |  |  |
| Improvements  |  |  |  |  |  |  |  |  |  |  |
| Framing |  |  |  |  |  |  |  |  |  |  |
| Other: (Specify) |  |  |  |  |  |  |  |  |  |  |
| **TOTAL PROJECT BUDGET** |  |  |  |  |  |  |  |  |  |  |

\* Please revise this form and annotate budget items as needed

**All applicants are requested to submit a copy of their organization’s Operating Budget.**