



Application for Funding Community Development Block Grant (CDBG) July 1, 2017 - June 30, 2018

Official Use Only:

Date Received:

Staff Signature:

Application MUST be received by City staff by 5:00 P.M. Monday, February 6, 2017. DO NOT LEAVE ANY BLANKS, if it does not apply please type in "N/A."

Section A: Applicant Information

Agency: _____ Date: _____

Address: _____

Street Address

Suite Number

City

State

ZIP Code

Phone: _____ Email: _____

Executive Director: _____

Person of Contact/

Project Manager (PM): _____

PM's Phone: _____ PM's Email: _____

DUNS #: _____

Type of Agency:

- ☐ 501 (c)(3)
- ☐ Government or Public Agency
- ☐ For - Profit
- ☐ Faith Based
- ☐ Other:

Project Category
(Check only one):

- ☐ Public Service
- ☐ Economic Development
- ☐ Capital Improvement Project (CIP)/non-public services

Agency's Mission:

Section B: Funding Request

Total funding requested for this project	\$
Total cost of project	\$
Other funds leverage for project i.e. Private Donations (estimation)	\$
Other funds not secured by project	\$
Are you getting County assistance, if so, please list	\$

Given the limited amount of funds, please identify the impact of the project if less than full funding is not received and how your agency plans to leverage other resources to implement the program:

Has your agency applied for CDBG funding before, which fiscal year and if successful, the amount awarded?

Section C: Project Eligibility

Targeted Clientele:

CDBG National Objective

Please identify the project's eligibility under CDBG's National Objective:

- ☐ Benefit to Low and Moderate Income Persons or Households
- ☐ Elimination of Slums and Blight
- ☐ Urgent Need

Provide a concise description of the proposed project:

CDBG Criteria: What criteria does your proposed project meet?

- ☐ (1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI)
- ☐ (2) Limited Clientele (select from the options below):
- ☐ (a) Special needs group
 - ☐ Abused children
 - ☐ Elderly persons 62 years or older
 - ☐ Battered persons
 - ☐ Severely disabled adults (not children) as defined by the Census
 - ☐ Illiterate adults
 - ☐ Persons living with HIV/AIDS
 - ☐ Migrant farm workers
 - ☐ Homeless persons
 - ☐ (b) At least 51% of clientele to be served will be documented as LMI
- ☐ (3) Housing (select from the options below):
- ☐ Single Family (must be 100% LMI)
 - ☐ Multi-unit (must be 51% LMI)
- ☐ (4) Job Creation: At least 51% of jobs for LMI persons

Section D: Clientele Information (Quantitative Answers Only)

	Total Current Figures (FY16-17)	Projected Numbers (FY17-18)
1. What is the total number of unduplicated clients your organization serves?		
2. What is the total number of unduplicated <u>Milpitas</u> clients served?		
3. Cost Per Client Annually		
4. How many are low- and very-low income?		
5. Will the proposed assistance result in increase in clients? State projected number.		

6. What is the total number of unduplicated clients/households to be served?		
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7. According to past invoices for reimbursements what has CDBG funds paid for i.e. salaries, cost of supplies etc.

8. Explain the basis for the data listed above (i.e. intake forms, surveys, etc.) and how does your agency record and track clients' demographics?

Section E: Outreach

1. How do you perform outreach to the general public or community at large?

2. What kind of outreach has your organization perform or plan to perform to get new, unduplicated Milpitas clients?

3. Has there been any difficulty in recruiting new, unduplicated Milpitas residents? What challenges have you encountered?

Section F: Disclaimer and Signature

Financial Statement/Audit: Attach a copy of the agency's most recent Financial/Statement Audit Report.

- Please also complete the Supplemental Information, Exhibit A – Project Funding, Exhibit B – Project Work Plan, Exhibit C – Proposed Implementation Activity Time Schedule and Exhibit D – Monthly Budget.
- Also please attach an authorizing resolution by the Agency Board. Signature of the Applicant certifies that all the information provided herein is true and correct and that the Applicant Agency will submit any additional information requested. Applicant may be requested to complete additional forms if funding is approved.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to funding, I understand that false or misleading information in my application may result in my release.

Signature of Executive Officer

Date

FOR STAFF USE ONLY:

Project Eligibility

This project's meets under the CDBG National Objective of:

- ☐ Benefit to Low and Moderate Income Persons or Households
- ☐ Elimination of Slums and Blight
- ☐ Urgent Need

Please identify what is the project's objective (check one only):

- ☐ Suitable Living Environment
- ☐ Decent Housing
- ☐ Economic Opportunity

Please identify the project's eligibility under CDBG's National Objective (check one only):

- ☐ Availability/Accessibility
- ☐ Sustainability
- ☐ Affordability

EXHIBIT A: PROJECT FUNDING – 2017-2018

Project Name: _____

LINE ITEM	AMOUNT REQUESTED FROM THE CITY OF MILPITAS	FUNDING FROM OTHER SOURCES	TOTAL PROJECT COST	SOURCE OF FUNDING IF OTHER THAN CITY OF MILPITAS
Personnel				
Benefits				
Rent				
Telephone				
Postage				
Printing (including Ads)				
Supplies				
Travel				
Utilities				
Equipment & Maintenance				
Dues & Subscriptions				
Accounting Services				
Contract Services				
Insurance				
Conference				
Miscellaneous				
TOTAL				

EXHIBIT B: PROJECT WORK PLAN

PROGRAM YEAR 2017-2018

Project Name: _____

[illegible]

EXHIBIT C: PROPOSED IMPLEMENTATION ACTIVITY TIME SCHEDULE

List in detail the major activities to be undertaken to implement the project and the scheduled time they will begin and be completed. Once approved, projects will be closely monitored during implementation according to this time schedule:

Project Name: _____

Project Coordinator: _____

Program Year 2017-2018

Date Prepared: _____

Revisions _____

Final Approval _____

Approved Revisions _____

MONTHS ENDING

TYPE OF ACTIVITIES	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	JAN.	FEB.	MARCH	APRIL	MAY	JUNE

Can this project be incorporated into the on-going work load of the applicant and successfully be implemented according to this schedule?

Yes ☐ No ☐ Schedule Prepared By _____

Title _____

EXHIBIT D: MONTHLY PROJECT BUDGET

Project Name: _____

PY 2017-2018

[illegible]