

Application - CDBG & ESG Grants - Fiscal Year 2020

I. PROPOSAL SUMMARY FORM

1. Name of Organization: _____

2. Name of Activity: _____

3. Address: _____ Zip Code: _____

4. Telephone Number: _____ Email Address: _____

5. Contact Person: _____ Title: _____

6. Brief Description of Proposed Activity: *(complete below)*

7. Performance Measurement: *(complete below)*

8. Percentage of Low and Moderate-Income Persons Served: _____ %

9. Type of Funding Requested: CDBG ESG

10. Funds Previously Requested:

FY'19 _____ FY'18 _____ FY'17 _____ FY'16 _____ FY'15 _____

11. Amount of Funding Requested:

12. **Additional Funding Sources** for Proposed Activity:

List funding source and amount, including fundraising and donations

	SOURCE	AMOUNT
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____
m.	_____	_____
n.	_____	_____
o.	_____	_____

13. Total Amount of Additional Funding Sources : _____

14. Grand Total of Funding for Proposed Activity:
(Lines 11. and 13. Combined) _____

SECTION II – PROJECT SUMMARY

Briefly describe the work to be performed and how eligibility and National Objective requirements will be met.

1.	Need/Problem to be addressed:

2.	Population/Area served:
3.	Description of work:
4.	Proposed Schedule of Work:

5.	Identification of Clients:
6.	Description of Site:
7.	Coordination with other community agencies:

SECTION III – PROJECT BUDGET

1.	Description of budget summary of activity, including all proposed and confirmed funding sources:

Line Item Budget Form – Service Projects

Subrecipient

Project Title

Guidance: Please use the following format to present your proposed line item budget. In column A, list the items for which you anticipate the need for Entitlement Grant funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for Entitlement Grant funds.

A Budget Item	B Calculation	C CDBG Request
PERSONNEL		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
Salaries Total		
Fringe Benefits		
PERSONNEL TOTAL	Total of Personnel & Fringe Benefits	
OPERATING COSTS	Provide description of how you arrive at total for each line item	
Supplies		
Equipment		
Rent/Lease		
Insurance		
Printing		
Telephone		
Travel		
Other		
TOTAL OPERATING		
CONTRACT SERVICES		
TOTAL CONTRACT SERVICES		
BUDGET TOTAL		

SECTION IV - SUPPLEMENTAL BUDGET

1.	Use of Other Funds:
2.	Funding to supplement Entitlement Grant funding:
3.	Volunteer and donated goods and services:
4.	Unusual budget expenditures:

5.	Why do you consider your program costs to be reasonable?

SECTION V – AGENCY INFORMATION

1.	Background/Program Experience:
2.	Personnel/Staff Capacity:
3.	Financial Capacity:

4.	Monitoring:
5.	Audit Requirements:
6.	Insurance/Bonding/Worker's Compensation:
7.	Any other additional information:

SECTION VI – STANDARD DOCUMENTATION – Please Attach

Articles of Incorporation/Bylaws

Non-profit Determination

List of the Board of Directors

Authorization to Request Funds

Designation of Authorized Official

Organizational Chart

Resume of the Chief Program Administrator

Resume of the Chief Fiscal Officer

Financial Statement and Audit

It is recommended that all applications be completed online and submitted via the
“**SUBMIT by EMAIL**” box below.

If you have difficulties with your email server or internet provider allowing you to do this,
please contact Allison at aperry@lynmma.gov.