

8. Is list of Officers/Directors attached?

YES NO

9. Is the Applicant an Organization or Agency? (as defined below)

Organization Agency

Organization: A public or private non-profit applicant organized for charitable purposes, one of which must be services to **YOUTH**. The organization must have been organized at least 90 days prior to the publication of this request for Proposal.

Agency: A private or public non-profit applicant with full or part-time paid staff and part-time staff in excess of 18 hours. Evidence of Incorporation status and IRS number must be submitted prior to funding.

Youth: An individual under the age of 21 years and a resident of the City of Lynn.

10. Internal Revenue Number: _____

11. Year started: _____

12. Is Clerk's Certificate attached?

YES NO

13. Number of children who participate from outside of LYNN: _____
(Do NOT include these children on the Data Collection Form)

14. Provide a brief description of how you propose to spend the requested funds: (Do NOT leave blank or write "See attached.")

15. Ages of youth: _____

16. **AMOUNT REQUESTED:** _____

17. _____ X
Print Name & Title of Chief Officer **Signature of Chief Officer**

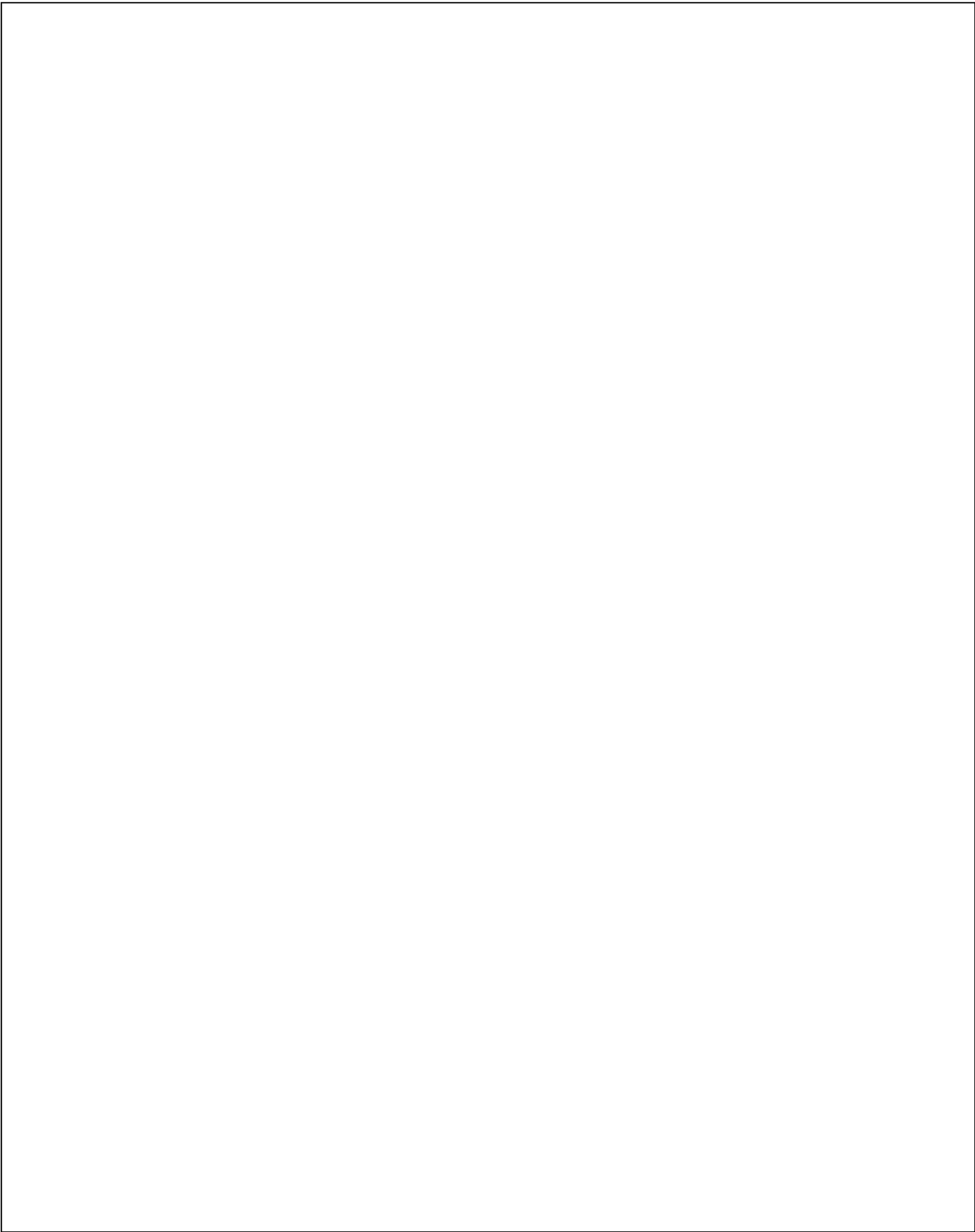
(the Chief Officer will also be responsible for signing the Youth Assistance Agreement and all invoice forms.)

SECTION II- PROPOSAL PROPER

1. Description of Organization/Agency and its goals (Highlight past accomplishments)

2. Proposal Narrative of the Activity - PLEASE INCLUDE:

Number of Children serviced; Geographic Area of Activity; Low/Mod Income Eligibility; Time Period of Activity; Description of services already provided how proposed funding would complement, extend or impact these services; Why the proposed services are "needed" in the Lynn community.



SECTION III - ACTIVITY BUDGET

How will you spend the requested amount of funds? Be specific. List equipment items as closely as possible to exact price. Do not list indirect costs. All expenses should be itemized.

PLEASE NOTE that gift cards are no longer an eligible expense.

Equipment Item/Service	Cost
EXAMPLE: <i>12 dozen baseballs @ \$62 each</i>	\$744.00
TOTAL:	
Amount Requested:	

NOTE: Due to the large number of applications expected, and the limited amount of funding available, total budgets below \$5,000 have more likelihood of being funded. Larger budgets will not necessarily be excluded.

CLERK'S CERTIFICATE

I, _____ hereby attest that _____
(Clerk/Secretary's Name) (Chief Officer/President)

is the Chief Officer of the Organization/Agency and is empowered to sign official documents and bind the Organization/Agency to agreements. I further attest that said authority is currently in full force and has not been rescinded or revoked by action of the Directors.

DATE

CLERK'S SIGNATURE

As the Official authorized to sign this application, the undersigned represents that:

- (1) Funds paid pursuant to this application will be used only for the project set forth in the project description. Any amendment thereto must be filed with and approved by Lynn Community Development.
- (2) The Applicant agrees to account separately for these funds and to make monthly narrative reports and meet reasonable fiscal and administrative requirements.
- (3) The Applicant understands that these funds are made available through a Grant from the U.S. Department of Housing and Urban Development under the Community Development Act of 1992 and are subject to all applicable rules and regulations.

NAME (Chief Officer/President)

Signature of Chief Officer

YOUTH ASSISTANCE - DATA COLLECTION FORM

*Do not include participants who live outside of Lynn
Do not write-in a different ethnicity – HUD only uses the races listed below*

Program: _____

Name & Title of _____

Person completing form: _____

Date: _____

Total # of LYNN participants:	Total # Race	Of the total # of each race, how many are Hispanic?	Total # Hispanic
White		→	
Black/African American		→	
Asian		→	
American Indian/Alaskan Native		→	
Native Hawaiian/Other Pacific Islander		→	
American Indian/Alaskan Native & White		→	
Asian & White		→	
Black/ African American & White		→	
Am. Indian/Alaskan Native & Black/African Am.		→	
Other Multi-Racial		→	
Total LYNN participants:		→	

TOTALS
in red (3) need to be the same number.

Extremely Low Income	
Low Income	
Mod. Income	
High Income	
Total LYNN participants:	

Each youth should be counted only ONCE per year.

HOUSEHOLD SIZE	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low Income	\$0 \$28,200	\$0 \$32,200	\$0 \$36,250	\$0 \$40,250	\$0 \$43,500	\$0 \$46,700	\$0 \$49,950	\$0 \$53,150
Low Income	\$28,201- \$47,000	\$32,201- \$53,700	\$36,251- \$60,400	\$40,251- \$67,100	\$43,501- \$72,500	\$46,701- \$77,850	\$49,951- \$83,250	\$53,151- \$88,600
Moderate Income	\$47,001- \$70,750	\$53,701- \$80,850	\$60,401- \$90,950	\$67,101- \$101,050	\$72,501- \$109,150	\$77,851- \$117,250	\$83,251- \$125,350	\$88,601- \$133,400
High Income	\$70,751+	\$80,851+	\$90,951+	\$101,051+	\$109,151+	\$117,251+	\$125,351+	\$133,401+

Please save a copy of the completed application to your desktop and then attach it to an email to aperry@lynnma.gov. Also attach your Board of Directors list.