FY-2016 CITY OF ALLIANCE
Community Development Block Grant (CDBG) Project Application

All Applications ***MUST*** be typed.

In the space provided below, please respond to each of the following application components for the FY-2016 CDBG funding request. You may re-type the attached forms on your computer system to facilitate application preparation; however, please maintain existing page breaks, titles and question narratives, and limit all responses to the existing space requirements. Supporting documentation may be included in the application, but not as a substitute for one or more of the application requirements.

COMPLETED APPLICATIONS MUST BE RETURNED TO THE ADDRESS LISTED BELOW BY THE CLOSE OF BUSINESS (4:30 P.M.), THURSDAY, DECEMBER 17, 2015, TO BE CONSIDERED FOR FY-2016 CDBG FUNDING. PLEASE BE SURE TO SUBMIT ONE ORIGINAL AND TWELVE COPIES OF YOUR APPLICATION.

CITY OF ALLIANCE
DEPARTMENT OF PLANNING AND DEVELOPMENT
504 East Main Street
2nd Floor
Alliance, Ohio 44601-2415

If you have any questions regarding this application or project eligibility, please call the Department of Planning and Development at (330) 829-2235.

FY-2016 CITY OF ALLIANCE

CITY OF ALLIANCE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROJECT APPLCATION

APPLICATIONS THAT ARE NOT COMPLETE OR NOT TURNED IN BY THE DEADLINE WILL NOT BE REVIEWED

Legal Entity _____
Project Title _____
Contact Person _____
Address_____
_____
E-mail Address_____
Telephone_____

Federal I.D. #_____
DUNS # _____

Funding Request (list only one source per application)
CDBG$_____

National Objective: Check those that apply to this project

1. **Benefit to Low / Moderate Income Persons** ____
2. **Prevents / Eliminates Slum & Blight** ____

STAFF USE ONLY

Census Tract: _____
Block Group _____
LMI % _____
National Objective Met _____

FY-2016 CDBG Grant

DETAILED PROJECT DESCRIPTION- Specific activity to be undertaken, scope of project, benefits to be derived. Attach additional narrative, if necessary.

1. **NARRATIVE DESCRIPTION OF PROJECT-** Describe how this project qualifies to receive CDBG funding. What will the project entail, etc.? (0-10pts)

2. **LOCATION OF PROJECT-** Define exact location or project boundaries and area to be serviced by the project. Attach a map. (0-5 pts).

3. **CDBG FUNDING UTILIZATION-** Describe what aspect of the project will utilize CDBG funds. Be specific. (0-5 pts.)

4. **SELECT THE ONE ACTIVITY WHICH BEST DESCRIBES YOUR PROJECT-** Must be supported by the description in Question No. 1; if more than one describes your project, choose the one which most accurately describes it.

A. Infrastructure Improvement	_____ (10 pts)
B. Public Service Activity	_____ (5 pts)
C. Economic Development	_____ (10 pts)
D. Affordable Housing	_____ (10 pts)
E. Welfare Reform Mitigation	_____ (10 pts)
F. Neighborhood Revitalization	_____ (10 pts)

5. **This project is**
   A. New Activity/Infrastructure Project _____ (3pts)
   B. Continuing/ Expanded Activity _____ (5pts)
   C. Replacement (Infrastructure) Project _____ (5pts)

6. **Number of Persons this Project is expected to serve/service.**
   A. Over 500 _____ (10pts)
   B. 400-499 _____ (7pts)
   C. 300-399 _____ (5pts)
   D. 200-299 _____ (3pts)
   E. Less than 100 _____ (2pts)

7. **Importance of this project to the health and safety of residents/clients in/around the project area served by the project**

   A. Very Important _____ (5pts)
   B. Somewhat important _____ (2pts)
   C. Project will not affect health & safety _____ (0 pts)

   Please explain-

8. **Project Impact-**The City of Alliance has developed a map detailing priority areas for focusing Community Development funds. Describe in detail which geographic area your project will impact. If this is a construction/rehab/infrastructure be sure address is listed. If your project is a service oriented project, a complete listing of clientele addresses must be attached.

Project Impact-

Area #1	**_____ (20pts)**
Area #2	**_____ (15pts)**
Area #3	**_____ (10pts)**
Area #4	**_____ (5pts)**

9. PROJECT TITLE _____

GOALS AND OBJECTIVES/MEASUREMENT OF ACCOMPLISHMENTS

Based on the stated community needs and the general description of the proposed program, please state in quantifiable and verifiable terms the goals and objectives to be accomplished, and how the success of the project will be measured. (0-10 pts)

10. PROJECT TITLE: _____

AGENCY CAPABILITY

Describe the capability of the applicant agency to carry out the proposed program, and any previous experience in administering this type of program. (0-10 pts)

11. **FOR NON-PROFIT ORGANIZATIONS**

A. Attach a copy of your 501 C3
B. Attach a copy of Certificate of Good Standing from the Secretary of State
C. Attach a copy of Organization By-Laws

_____ (5pts)
All 3 items

PROJECT TIME FRAME- Describe when CDBG funds will be needed, and the estimated time to complete the entire proposed project, remember to include all factors, such as, need to obtain additional funding, information, etc.

CDBG funds will not be available for use until August, 2012, at the earliest. Please base your time-frame accordingly.

A. CDBG funding needed by: _____

B. Estimated Start date _____

C. Estimated completion date _____

12. PROJECT COSTS

1. Estimated Total Project Cost _____

2. Total CDBG Funds Requested _____

A. Over $100,000.00 _____ (0pts)
B. $75,000 to $100,000.00 _____ (2pts)
C. $50,000 to $ 74,000.00 _____ (5pts)
D. $25,000 to $ 49,000.00 _____ (7pts)
E. $ Under $24,999 _____ (10pts)

3. Additional Sources of Funds and Amount of Funding-
(If in-kind, the dollar value of the in-kind service(s) must be indicated and documented)

A. Locally committed to the project _____ (6pts)

B. Non-local committed to this project _____ (6pts)

C. Additional funding currently applied for _____ (3pts)

List application agency(s) and deadline(s). Commitment must total at least 10% of CDBG funds requested to receive points.

D. No additional funding source sought/available _____

Explain why no additional sources of funding are being sought or why no other sources are available.

FY-2013 CDBG PROJECT USE OF FUNDS

USE OF FUNDS: Please indicate below how funds will be utilized for each of the line items for which funding has been approved. Be specific as to the activities to be undertaken and the use of funds. Only those activities and uses listed on this form will be eligible for reimbursement through the City of Alliance.

PROJECT FUNDING USES

PERSONNEL	**FUNDING AMOUNTS**
SALARIES_____	_____
FRINGES_____	_____
OTHER _____	_____
TOTAL PERSONNEL.....	_____
ADMINISTRATIVE	
OFFICE SUPPLIES _____	_____
EQUIPMENT LEASE _____	_____
EQUIPMENT PURCHASE _____	_____
LEASE SPACE _____	_____
OFFICE SERVICES _____	_____
TELEPHONE _____	_____
INSURANCE _____	_____
TRAVEL _____	_____
PRINTING _____	_____
PUBLICATIONS _____	_____
MEMBERSHIP's _____	_____
OTHER _____	_____
_____	_____
TOTAL ADMIN.....	_____
BUILDING/CONSTRUCTION	
REPAIR _____	_____
REHABILITATION _____	_____
ACQUISITION _____	_____
DEMOLITION _____	_____
NEW CONSTRUCTION _____	_____
INFRASTRUCTURE _____	_____
OTHER _____	_____
_____	_____
TOTAL BLDG. /CONST.....	_____
TOTAL PROJECT USES.....	_____

Listed below are some "do's" and "don'ts" that should be helpful in completing a CDBG application.

DO

- Submit more than one application if you are requesting funds for more than one project.
- Plan on using Davis-Bacon regulations if there is any construction involved.
- Plan on (budget for) an OMB (A) 133 review (audit) if more than $300,000.00 in federal funding is expected.
- Read all attached certification and Handbook for CDBG Sub-recipients on Administrative
- Systems: Playing by the Rules. **Request one if you don't already have it.**
- Read all CDBG program requirements before beginning the application.

DON'T

- Exceed application element one page limitation.
- Substitute an attachment for an application element.
- Be late.
- Hesitate to call if you have questions.