City of Meriden Community Development Block Grant- CV Program

Application for CDBG-CV Grant Funding

Part I.   Applicant

Program/Project Title:	
Organization/Applicant Name:	
Organization Representative/ Title:	
Address:	
Telephone number:	
Email:	
Organization DUNS Number	
Organization FEIN Number	
Organization CCR Number	
Contact Person/Title (if different):	
Telephone number: Cell phone:	
Email:	
CDBG-CV Amount Requested:	$

Part II. Project Description & Eligibility

A. Type of Entity (*Check one that describes the applicant*)

☐	Governmental Agency
☐	Private Non-profit with IRS 501c(3) Status or equivalent
☐	City of Meriden Department

B. Consistency with the City's Consolidated Plan   (*Check **ONE** appropriate goal*)

☐	Public Service
☐	Public Facility Improvement

C. The program or project will meet the following Housing and Community Development Objective(s) or CDBG Annual Action Plan requirement(s) (*Check one or more that best describes the program or project*)

☐	Public Services that are specifically geared towards preparing for, preventing, or responding to the coronavirus.
☐	Public Facility or Infrastructure Activities that are specifically geared towards preparing for, preventing, or responding to the coronavirus.

D. Please provide a brief description of the program or project. Include the major activities and/or scope of services that will be conducted as part of the program/project. Also, please describe how the program/project will prevent, prepare for, and respond to coronavirus.

E.   Please explain what outcomes are expected to be achieved by the program or project.

F. Will another entity besides the applicant be administering the project? If yes, please identify.

G.   Population to be Served (*Please check one*)

☐	Elderly	
☐	Youth	
☐	Disabled	
☐	Homeless/Near Homeless	
☐	Abused Spouses or Children	
☐	Illiterate Adults	
☐	Residents of Public Housing	
☐	Low to Moderate Income Households	

H. Proposed budget for the project or program activity only

	CDBG-CV	Other Sources (list below)
Program staff salaries/fringes		
Supplies (please describe):		
Other (please describe): _____		
Facility Improvements (Attach a cost estimate for the proposed scope of work):		
TOTAL		

I. Other Sources of Funds: Please list other non-CDBG -CV funding sources that your organization expectsto receive or has received for the proposed project or program activity.

Name of Funding Source:	Amount:	Status (application, award, firm commitment):
	$	
	$	
	$	

J. Financial Statement: Please provide proof of your organization's financial heath, such as a year-end financial statement or certified audit (If you have provided a copy of your most recent audit, please notedate of submission). Any entity that is claiming to have IRS non-profit status must also provide documentation displaying that designation, such as a designation letter from the IRS or a Form 990.

APPLICANT CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT:

a) The information contained in this document is complete and accurate;
b) The proposed program/project described in this application will meet the National Objective of benefiting low- and moderate-income persons, as defined by the CDBG Regulations at 24 CFR Part 570;
c) The applicant shall comply with all Federal, State and City laws, and CDBG Program requirements;
d) If the project is a facility improvement, the sponsor shall maintain compliance with 24 CFR 570.505; and
e) Sufficient funds are available from non-CDBG sources to complete the project, as described, or operate the program through the fiscal year end on June 30, 2022, if CDBG-CV funds are allocated to theapplicant.

_____   _____

Signature of Authorized Applicant Representative   Date