## City of Meriden Community Development Block Grant Program Year 48-22 (FY 2022‐23) Grant Application

### Part I. Application Summary

|  |  |
| --- | --- |
| Program/Project Title: | Click or tap here to enter text. |
| Organization Name: | Click or tap here to enter text. |
| Name of Applicant’s Authorized Official: | Click or tap here to enter text. |
| Authorized Official Title: | Click or tap here to enter text. |
| Authorized Official Email: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Organization DUNS/UEI Number | Click or tap here to enter text. |
| Organization FEIN Number | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Contact Person Title: | Click or tap here to enter text. |
| Contact Person Email: | Click or tap here to enter text. |
| Contact Person Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| CDBG PY 48-22 Amount Requested: | $Click or tap here to enter text. |
| Total Project Cost | $ Click or tap here to enter text. |
| Will another entity besides the applicant be administering the project? If yes, please identify. | Click or tap here to enter text. |

### Part II. Project Description & Eligibility

1. Type of Entity (*Check* **ONE**)

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

1. Previous CDBG Grants received (Check ***ALL*** that apply)

|  |  |
| --- | --- |
|  | PY 47-21 |
|  | PY 46-20 |
|  | PY 45-19 |
|  | PY 44-18 |

1. What is the status of this program/project?

|  |  |
| --- | --- |
|  | New |
|  | Expanded |

1. In order to qualify for CDGB funding the project or program must benefit low to moderate income persons. This means all projects must serve at least 51% low to moderate income persons. Explain your process for collecting this information and provide a sample of the intake/registration form currently used to document that a minimum of 51% of program participants are low to moderate income persons. If you need additional space, attach a word document.

Click or tap here to enter text.

1. Organizations that provide services to “presumed benefit persons” are not required to request participants to report on household income. Does your program/project serves primarily “Presumed Benefits Persons”? If so, check one below.

|  |  |
| --- | --- |
|  | Elderly |
|  | Disabled Adults |
|  | Homeless/Near Homeless |
|  | Abused Spouses or Children |
|  | Illiterate Adults |
|  | Residents of Public Housing |

1. Geographic Area to be Served

(*Check* **ONE**)

|  |  |
| --- | --- |
|  | Neighborhood/Target area |
|  | City‐wide |

1. Indicate the number of people/households that will directly benefit from your program or project?

Click or tap here to enter text. People Click or tap here to enter text. Households

1. The program or project to be funded with this grant is consistent with the following

Consolidated Plan goal for the City’s Housing and Community Development needs:

(*Check* ***ONE*** *goal)*

|  |  |
| --- | --- |
|  | Expand or Improve Public Infrastructure and Facilities |
|  | Public Services and Quality of Life Improvements |

1. Provide a brief description of the program or project. What is the need or problem the program/project seeks to address? Include the major activities and/or scope of services that will be conducted as part of the program/project. Also, describe how the program/project will meet the meet the Consolidated Goal Plan identified in identified in Section H. If you need additional space, attach a word document.

Click or tap here to enter text.

1. Briefly describe expected project goals and anticipated results as well as how you will monitor progress. If this is going to be an expanded program, describe how this will be tracked.

Click or tap here to enter text.

1. Provide a timeline for the implementation plan of the proposed project, assuming availability of CDBG funds in July 2022. Describe the implementation plan for the project by listing the key tasks and milestones. Be sure to include program start and completion dates. Provide estimated project expenditures in each quarter of the program year:

First Quarter: July 1-September 30, 2022

Second Quarter: October 1-December 31, 2022

Third Quarter: January 1- March 31, 2023

Fourth Quarter: April 1-June 30, 2023

Click or tap here to enter text.

### Part III. Estimated Program/Project Budget

* 1. Proposed budget for the project or program activity only

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Estimated Project Cost** | **CDBG Request** | **Funds Expected or Already in Place** (funding source, amount and status) |
| **Salaries:** |  |  |  |
| **Program Supplies:** |  |  |  |
| **Expenses:** |  |  |  |
| **Other:** |  |  |  |
| **Total:** |  |  |  |

* 1. Financial Statement: Attach proof of your organization’s financial heath, such as a yearend financial statement or certified audit (if you have provided a copy of your most recent audit, please note

date of submission). Any entity 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:

1. The information contained in this document is complete and accurate;
2. 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;
3. The applicant shall comply with all Federal, State and City laws, and CDBG Program requirements;
4. If the project is a facility improvement, the sponsor shall maintain compliance with 24 CFR 570.505; and
5. Sufficient funds are available from non‐CDBG sources to complete the project, as described, or operate the program through the program year end on June 30, 2023, if CDBG funds are allocated to the applicant.

# Signature of Authorized Applicant Representative Date