

City of Meriden Community Development Block Grant Program Year 45 (FY 2019-20)

Funding Application for CDBG 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:	
PY45 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
	Faith-based Private Non-profit with IRS 501c(3) Status
	City of Meriden Department

B. National Objective to be met is either a direct benefit to Low- and Moderate-Income Persons/Households or provides benefits to all persons in a Low- and Moderate-Income Area. Describe how beneficiary income will be determined, i.e. records maintained, census tracts, presumed benefit.

National Objective Achieved by Project *(Check **ONE** National Objective)*

√	
	Benefits low-/moderate-income individuals/households
	Addresses prevention of slum and blight
	Meets a particular urgent community need

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

√	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:
	Provide Decent Housing
	Provide a Suitable Living Environment
	Create Economic Opportunities

D. 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)*

√	
	Maintain or rehabilitate exiting housing stock in standard condition.
	Eliminate one of the barriers to Fair Housing Choice identified in the City's Analysis of Impediments.
	Project will eliminate and reduce slum and blight influences.
	Reduce or prevent lead-based paint hazards.
	Improve public safety and security.
	Assist low- and moderate-income persons with rental housing cost burden.
	Address homeless or other special population needs, such as the elderly, disabled, illiterate adults, or abused spouses and/or children
	Programs to assist public housing residents or Housing Choice Voucher (Section 8) holders with attaining self-sufficiency.
	Programs to address public housing needs or resident initiatives.
	Promote neighborhood and tenant associations.

	Provide day care services.
	Provide services that enable Hispanic persons to participate in economic and housing opportunities in the City.
	Reduce the incidence and effects of child abuse and sexual assault and abuse.
	Programs or projects to address emergency shelter or transitional housing and other service needs of homeless persons and families.
	Programs to prevent persons and families from becoming homeless.
	Programs to assist families living in poverty and improve household earnings.
	Expand employment opportunities for economically disadvantaged, long-term unemployed, or special needs populations through work training, supportive services and life-skill training.
	Energy conservation projects or programs in public or private facilities.
	Reduce incidences of substance abuse or teen pregnancy.
	Increase access to medical care for low- and moderate-income persons.
	Services to assist persons to maintain an independent living status.
	Services to meet behavior health needs.
	Improve local infrastructure.
	Reduce youth gang influence or other youth services programming.
	Redevelop underutilized or vacant properties.
	Programs that promote small business development.
	Retain or expand existing businesses or industries or recruit new businesses or industries.
	Train and develop the local labor force.
	Programs to create an economically stable, vibrant, and sustainable downtown.
	Promote home ownership.
	Expand the arts and entertainment opportunities in the City.
	Improve efficiency and affordability of transportation networks and the City's transportation corridors.

E. Type of Project

(Check line that best describes your project)

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Public Services
<input type="checkbox"/>	Public Facility Improvements
<input type="checkbox"/>	Housing

F. 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 meet the Housing and Community Development Objective(s) or CDBG Annual Action Plan requirement(s) identified in Section D:

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

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

I. Geographic Area to be Served (*Please check one*)

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Project address and/or Neighborhood/Target area served:
<input type="checkbox"/>	City-wide
<input type="checkbox"/>	US Census tracts (if known):

J. Population to be served or benefit

(Please check all that apply)

√		Estimated number of persons to be served by the project annually
	Elderly	
	Youth	
	Disabled	
	Homeless/Near Homeless	
	Abused Spouses or Children	
	Illiterate Adults	
	Residents of Public Housing	

K. Income of population to be served or benefit

(Please estimate numbers to be served)

	Extremely Low-Income (below 30% of median family income)	
	Very Low-Income (below 50% of median family income)	
	Low-Income (below 80% of median family income)	

Part III. Estimated Program/Project Budget

A. Previous awards

(Please check one)

√	
	Applicant has previously received CDBG funds for the activity included in this proposal.
	Applicant has not previously received CDBG funds for the activity included in this proposal.

B. Proposed budget for the project or program activity only

	CDBG PY45	Other Sources (list below)
Program staff salaries/fringes		
Supplies (please describe):		
Equipment (please describe):		
Other (please describe): _____		
Facility Improvements (Attach a cost estimate for the proposed scope of work):		
TOTAL		

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

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

D. Financial Statement: Please provide proof of your organization's financial health, 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).

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, 2020, if CDBG funds are allocated to the applicant.

Signature of Authorized Applicant Representative

Date