1. Name of Agency/Department _____
2. Federal Identification Number _____
3. DUNS Number _____
4. Physical Address/Location of Agency/Department _____
5. Mailing Address of Agency/Department _____
6. Name/Title of Director _____
7. Director Phone Number _____
8. Director E-Mail Address _____
9. Name/Title of Project Manager _____
10. Project Manager Phone Number _____
11. Project Manager E-mail address _____

☐ Check if your agency is considered a faith-based organization.

☐ Check if your agency is registered as a HUD Section 3 Business.

Include the following documentation:

A) Organization's incorporation as a legally incorporated private nonprofit organization with 501 (c)(3)current tax exempt status
B) Current listing of Board of Directors
C) Organizational chart
D) Current overall agency budget
E) Current balance sheets and/or most recent annual report

**additional supporting documentation may be requested upon approval for CDBG funding:*
-copies of most recent State and Federal Tax returns;
-current copy of adopted by-laws

Activity/Project Name _____
Specific Location
of Activity/Project _____

CDBG Funding Requested $_____(amount for this activity/project only)
Provide a detailed budget spreadsheet as attachment #1*, including and identifying other anticipated funding sources, for the entire activity/project. Specifically identify the anticipated City of Hemet CDBG reimbursed costs (minimum $10,000).*
**Funding requests for Infrastructure or Public Facility activities must include at least one cost estimate from a licensed and insured contractor.*

Provide a detailed description of proposed activity/project to be assisted with CDBG funding. Identify your agency's timeline for the proposed activity/project; if funded, can this activity/project proceed on July 1, 2017 and be complete by June 30, 2018? If this is a public service activity/project, identify the service as new, substantially increased or improved. *Attach additional pages if needed*.

Proposed number of persons or households to be served by this activity/project if fully funded: _____
*Of these how many are expected to be City of Hemet residents?*_____
Proposed number of **low/moderate income** persons or households to be served by this activity/project if fully funded: _____
*Of these how many are expected to be City of Hemet residents?*_____

Check if the purpose of this activity/project to:

- ☐ Help prevent homelessness
- ☐ Help the homeless
- ☐ Help those with HIV/AIDS
- ☐ Primarily help persons with disabilities

Identify the goals and objectives of the activity/project and how these will be measured and evaluated to determine success of the project/activity? How will this activity/project **directly** benefit low/moderate income persons? What methods will be used to assure that all who might benefit from the project are provided an opportunity to participate?
Attach additional pages if needed.

Describe your agency's experience in administering and implementing activities/projects with federal funds. Include previous CDBG funding years and jurisdictions. Provide title, name and qualifications of key personnel responsible for the administration and implementation of the proposed activity/project. *Attach additional pages if needed.*

Describe your agency's management policies and procedures regarding personnel, conflict of interest, procurement, record keeping and financial management, including whether or not they are written and adopted. *Attach additional pages if needed.*

CERTIFICATION

The undersigned hereby certifies that:

1. The information contained in the project proposal is complete and accurate.
2. The agency shall comply with all Federal and City policies and requirements affecting the CDBG program.
3. Sufficient funds are available to complete the project as described, if CDBG funds are approved.
4. On behalf of the applying agency I have obtained authorization to submit this application for CDBG funding.

****Attach Minute Action and/or signed Board Approval****

Type Name and Title of Authorized Representative

_____

Signature of Authorized Representative

_____ Date: _____

Telephone: (___) _____

Email: _____