



**Service Agency Application
2009 Urban County CDBG Program**

September 2008

Applications Due December 5, 2008

NAME OF PROPOSAL: Anytown Care

Single Community Application: **Multi-Community Application:** Identify it / them:

Village of Armada, Harrison Twp, Cities of Center Line, Eastpointe, & Mt. Clemens

APPLICANT INFORMATION:

Applicant Name: Anytown Care Providers

Tax ID Number: 38-0000000 IRS Tax Exempt? (Enclose IRS Letter)

Address: P.O. Box 456, Armada, MI 48005

Contact Person: Jane Doe Telephone: 586/123/4567

Fax: 586/123/5678 Email: Providersrus.org

PROJECT INFORMATION: The following information must be provided and be complete:

Requested CDBG funding: \$52,500 (CDBG total) Total Project Cost: \$ \$602,500

Proposal Addresses RFP Objective # 2 Days & Hours of Operation: M-F: 9-5

Attach additional pages if necessary for any of the following items

DESCRIPTION OF PROPOSAL:

A. Fully describe the project's purpose. Anytown Care serves those who are at risk of homelessness. We help families maintain their properties through weatherization and minor chore services, provide financial counseling services and, in emergencies, provide food and utility assistance. Agency staff also refers clients to other service agencies when necessary.

B. Fully describe all activities to be undertaken. Indicate those to be CDBG-funded.

\$52,500 in CDBG is requested from the five identified communities for emergency services to those at risk of homelessness. With an average per unit cost of \$210.00, we will be able to help 250 households during the coming year (based on use trends over the preceding 3 years). We request that each community provide \$1,500 for this purpose.

Anytown Care has obtained a \$400,000 line of credit from the US Dept. of Energy and a \$100,000 grant from the United Way to weatherize homes for energy efficiency. At an average cost of \$5,000 per case we expect to assist 100 families during the coming year.

Finally, Anytown Care has obtained \$35,000 in funding from the U.S. Dept. of Housing & Urban Development to counsel families facing financial insolvency. This service will be provided through a contract with MSU-E. We expect to help 140 families at an average cost of \$250 per family assisted.

C. BENEFICIARIES:

Attach (and shade) a map to show the area(s) to be served. The map showing targeted assistance in three communities is attached.

Select from the following (and circle) those who will benefit from the proposal, e.g. **LMI families**, abused children, **elderly persons**, severely disabled persons, homeless persons, abused spouses, **illiterate adults**, **migrant farm workers**, and persons living with AIDS. Provide a number of all beneficiary and those who are lower-income.

250 Total # people / **households** 250 # LMI people / **households**

Projects must address a national objective. Check the most appropriate:

 a) Proposal directly benefits LMI people.

 √ b) Proposal serves a limited clientele presumed to be LMI (see above).

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D. IMPLEMENTATION SCHEDULE (Assume CDBG fund availability on July 1, 2008)

Start: 7/01/09 Contract Signed 7/16/09
 Implementation: One Year Complete: 6/30/10

Explain the status of previously awarded but unspent CDBG funds.

Anytown Care has received CDBG funding from the Urban County since 1995, and has spent all but \$15,000 of the \$55,000 received in 2008. This will be completely spent by March 15, 2009.

E. BUDGET (List all projected funding. Be sure that the total is same as that presented on page 1.)

Funding Source	Amount of Funding	\$\$\$ Committed? (Y/N)
Requested CDBG	\$52,500	N/A
CDBG Funds from Prior Years (Include project name and #)		
• B8-21-3Z	• \$15,000	• N/A
• None	•	• N/A
• None	•	• N/A
Other Public Resources (Identify)		
• U.S. Dept of Energy	• \$400,000	• Approved 10/01/08
• U.S. Dept of HUD	• \$ 35,000	• Approved 9/15/08
•	•	•
•	•	•
Private Resources		
• United Way	• \$100,000	• June 15, 2008
•	•	•
•	•	•
•	•	•
Total Project Costs	\$602,500	

SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____ Date 12/03/08

Typed Name & Title: Jane Doe, Executive Director, Anytown Care, Inc.

I am authorized to sign this application on behalf of (applicant) _____ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this _____ (date) _____, 2008

By _____

Notary Public
State of Michigan
County of Macomb

My Commission Expires _____

Acting in the County of Macomb