



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

**September 2008**

Applications Due December 5, 2008

**NAME OF PROPOSAL:** \_\_\_\_\_

Single Community Application:\_\_\_\_ Multi-Community Application:\_\_\_\_ Identify it / them:

**APPLICANT INFORMATION:**

Applicant Name:\_\_\_\_\_

Tax ID Number:\_\_\_\_\_ IRS Tax Exempt? \_\_\_\_\_ (Enclose IRS Letter)

Address: \_\_\_\_\_

Contact Person:\_\_\_\_\_ Telephone:\_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Requested CDBG funding: \$\_\_\_\_\_ Total Project Cost: \$\_\_\_\_\_

Proposal Addresses RFP Objective #\_\_\_\_\_ Days & Hours of Operation:\_\_\_\_\_

Attach additional pages if necessary for any of the following items.

**PROJECT DESCRIPTION:**

- A. Fully describe the project's purpose.
- B. Fully describe all activities to be undertaken. Indicate the source of funding for each.
- C. BENEFICIARIES:

Attach and shade on a map the area(s) to be served.

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.

\_\_\_\_\_ Total # people / households      \_\_\_\_\_ # 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).

**D. IMPLEMENTATION SCHEDULE (Assume CDBG fund availability on July 1, 2009)**

Start: \_\_\_\_\_ Contract Signed \_\_\_\_\_

Implementation: \_\_\_\_\_ Complete: \_\_\_\_\_

Explain the status of previously awarded but unspent CDBG funds.

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

<b>Funding Source</b>	<b>Amount of Funding</b>	<b>\$\$\$ Committed? (Y/N)</b>
Requested CDBG	\$	N/A
CDBG Funds from Prior Years (Include project name and #)	\$	
•	•	• N/A
•	•	• N/A
•	•	• N/A
Other Public Resources (Identify)	\$	
•	•	•
•	•	•
•	•	•
•	•	•
Private Resources	\$	
•	•	•
•	•	•
•	•	•
•	•	•
<b>Total Project Costs</b>	\$	

**SIGNATURE OF AUTHORIZED OFFICIAL**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Typed Name & Title: \_\_\_\_\_

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