

# CITY OF MASSILLON, OHIO

## FY 2019/2020 Community Development Block Grant Program Application for Project Funding

**Project Name** \_\_\_\_\_

### Community Development Block Grant Fund (CDBG) Request

Total FY 2019 CDBG funds request: \$ \_\_\_\_\_

Total Estimated Project Cost: \$ \_\_\_\_\_

### Applicant/Organization/Agency

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

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

City & Zip: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Organization's Federal Tax ID # \_\_\_\_\_

Organization's DUNS Number \_\_\_\_\_

**Name of Representative who attended CDBG Workshop** \_\_\_\_\_

### Application Scoring:

- National Objective (0-5 points)
- Project Summary (0-15 points)
- Project Location (0-10 points)
- Mission Objectives (0-15 points)
- Past Experience/Performance (0-15 points)
- Type of Activity (0-10 points)
- New or Existing Service (0-10 points)
- Number of people served (0-10 points)
- Project Budget (0-10 points)

### **Total Points Scored (0-100 points)**

Workshop Attendance Bonus (10 points)

### **Grant Total (0-110 points)**





**5. Project Goals and Beneficiaries**

A. Type of Activity (Select one of the following) (0-10 points)

- Housing (10 points)
- Economic Development (10 points)
- Public Facilities/Public Improvements (10 points)
- Public Services (5 points)
- Homeless housing and support (10 points)

B.

Public Service Activity (0-10 points):

- Existing Service (duplication of current services) (5 points)
- New Service (non-duplication of current service) (10 points)
- Quantifiable increase to an existing service (10 points)

C.

Project Beneficiaries (0-10 points) - *Provide an estimate of the total numbers expected to be served for those categories applicable to the proposed project.*

- Over 100 Persons/Households/Businesses (10 points)
- 51 to 100 Persons/Households/Businesses (7 points)
- Less than 50 Persons/Households/Businesses (5 points)

**6. Proposed Project Budget (0-10 points)**

**\*Keep in mind that your entire budget request may not be funded.\***

A. Project Budget Sheet

List other funding obtained or solicited for this project (including other public funds, private funds, and foundations). All projects must include funding from other sources. Due to the limited amount of HUD dollars available, no agency's project can be 100% CDBG funded.

<u>Funding Sources</u>	<u>Committed Amount</u>	<u>Pending Amount</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

B. Project Budget Sheet - Allowable expenses are those listed in OMB Circular Cost Principles (A-87 or A-122).

<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>	<b>COLUMN D</b>
Budget Line Items (Be specific)	CDBG Funds Requested	Other Funds Committed	Totals (Column B plus Column C)
<b>PROJECT TOTALS</b>			

- Construction Projects - Please try to get and use a current, itemized industry professional cost estimate when completing this budget.
- Direct vs. Indirect Costs – CDBG funds can only be used to fund direct project costs, no indirect costs (i.e. rental, telephone, clerical costs, etc.) can be considered for funding without submission and approval of an indirect cost allocation plan. Please refer to OMB Circular A-122 for a detailed description of direct and indirect costs. (If requesting CDBG funding for staff salaries, please attach an agency staff chart, listing job descriptions and staff experience.)

**Non-profits complete:**

**If non-profit, attach:**

- |  |  |
|--|--|
| * Tax status certifications (501 [c][3])   | * Board By Laws  |
| * Board of Directors List  | * Board minutes for last 3 Meetings                            |
| * Executive Directors report for last 3 months<br>(If not included as part of Minutes) | * Agency brochure or narrative outlining<br>services available |

**7. Signature Section**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT AND ITS SUBMISSION HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT. WITH THIS SUBMISSION, WE ALSO AGREE TO FOLLOW ALL RULES AND REGULATIONS GOVERNING FEDERAL CDBG AND HUD FUNDING.

\_\_\_\_\_  
SIGNATURE, CHIEF OFFICIAL

\_\_\_\_\_  
NAME (TYPED OR PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**8. Application Submission**

Applications shall be submitted to the following address:

Massillon Community Development Department  
Municipal Government Annex  
151 Lincoln Way East  
Massillon, Ohio 44646

**Submission Deadline – January 11, 2019, 4:00 P.M., EST**

Any application received after this date will be returned to the applicant and will not be considered for funding. In addition, any incomplete application will not be considered for funding.