



Application # \_\_\_\_\_

**TAYLORSVILLE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
STANDARD PROPOSAL FORM  
FOR PROGRAM YEAR JULY 1, 2009 – JUNE 30, 2010**

If more space is required to answer any of the following questions, additional pages may be attached. (Please type or print clearly.)

1. Project/Program Name: \_\_\_\_\_  
Project/Program Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

2. Agency=s Legal Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

3. Please mark one of the following categories. Is your agency/ organization operated as a:
- For profit;
  - Nonprofit; or
  - Government agency?

If your organization is a nonprofit agency, please submit a copy of your 501(c)(3) and current listing of board members.

4. Briefly explain the services you provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Amount of Taylorville CDBG funds requested: \$ \_\_\_\_\_  
Total budget required to operate your program for the requested year: \$ \_\_\_\_\_

Other Funding Sources and Amounts (either being applied for or obtained for this project). Please specify sources:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If total funding request is not possible, list minimum amount required to maintain program viability: \$ \_\_\_\_\_

6. Project/Program Description Summary. Please describe in detail what the project or program is and how CDBG funds will be used:

7. Are you able to track the residents of Taylorsville you serve?  Yes  No. If you answered yes, please explain how:

8. Line Item Budget Breakdown. Itemization is for Taylorsville CDBG Funds only (not the project/ organization entire budget). **NOTE:** This is an important part of this application and must be completed.

**PLEASE PRIORITIZE ALL FUNDING REQUESTS**

	<u>Salaries (identify position)</u>	<u>% of Time</u>	<b>CDBG FUNDS ONLY</b> <u>Salary Amount</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____

Supplies or Materials ( i.e., stationery, duplication, postage, etc.). List each category and amount:

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

Other Expenses (i.e., architectural or engineering services, construction breakdown by electrical, plumbing, concrete, etc.):

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____
6.	_____	\$ _____
7.	_____	\$ _____
8.	_____	\$ _____
9.	_____	\$ _____
10.	_____	\$ _____

**What is the goal of your program?**

**Choose an objective based on type of activity, funding source or local program intent:**

Suitable Living Environment \_\_\_\_\_

Decent Housing \_\_\_\_\_

Economic Opportunity \_\_\_\_\_

**Choose an outcome based on the purpose of the activity, your outcome may be more than one activity:**

Availability/Accessibility \_\_\_\_\_  
(Making basics available to LMI persons)

Affordability \_\_\_\_\_

(Makes an activity more affordable to a LMI persons)

Sustainability \_\_\_\_\_

(Using resources in a targeted area to help make that area more viable)

**Choose all the outcome indicators that you will measure from the funding received: *You must report the outcomes indicators you select***

Funds leveraged \_\_\_\_\_

Number of persons/households, units \_\_\_\_\_

Income levels of persons/households by 30%,  
50%, 60%, 80% of area median income \_\_\_\_\_

Number of communities/neighborhoods assisted \_\_\_\_\_

Current racial, ethnic, disabled categories \_\_\_\_\_

Infrastructure or Public Service \_\_\_\_\_

Persons with new or improved access or increased service

Targeted Revitalization \_\_\_\_\_

Jobs created, businesses, households in target area

Other physical improvements \_\_\_\_\_

Addressing slum/blight, commercial facades, brownfields

Rental Housing \_\_\_\_\_

Report on units and accessibility, years of affordability

Units for chronically homeless

Homeowner Rehab \_\_\_\_\_

Homeownership \_\_\_\_\_

Job creation and retention \_\_\_\_\_

Report on health benefits, type of job, employment status

Business Assistance \_\_\_\_\_

Number of businesses, DUNS number, does it serve neighborhood

Homeless Shelter \_\_\_\_\_

Number of persons stabilized

Other outcome ( Please Define) \_\_\_\_\_

**WITH THIS APPLICATION, PLEASE SUBMIT ONE (1) COPY OF CURRENT ANNUAL BUDGET AND MOST RECENT FINANCIAL AUDIT.**

**PLEASE SUBMIT Nine (9) COPIES OF THIS APPLICATION.**

**APPLICATIONS ARE DUE BY 5:00 PM ON DECEMBER 5, 2008. PLEASE MAIL OR DELIVER APPLICATIONS TO:**

**TAYLORSVILLE CITY  
ATTN: MS. KATHY RICCI  
2600 WEST TAYLORSVILLE BLVD  
TAYLORSVILLE, UT 84118 – 2208**

**Taylorsville CDBG is an equal opportunity program.**