Application # _____

TAYLORSVILLE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) STANDARD PROPOSAL FORM FOR PROGRAM YEAR JULY 1, 2011 – JUNE 30, 2012

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: _____DUNS #_____

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 Taylorsville 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

	Salaries (identify position)	% of Time	**CDBG FUNDS ONLY** Salary Amount
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:

Funds leveraged _____

Number of persons/households, units assisted _____

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 (How many rehabs will be done) _____

Homeownership (How many homeowners assisted) _____

Job creation and retention _____
Report on health benefits, type of job, employment status

Homeless Shelter _____
Number of persons stabilized

Other Measurement of your Program_____ _____

INSTRUCTIONS

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

PLEASE SUBMIT NINE (9) COPIES OF THIS APPLICATION. PLEASE MAKE THE COPIES BACK TO BACK. (Save paper please)

APPLICATIONS ARE DUE BY 4:30 PM ON MONDAY DECEMBER 6, 2010. 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.