



Application # _____

**TAYLORSVILLE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
STANDARD PROPOSAL FORM
FOR PROGRAM YEAR JULY 1, 2014– JUNE 30, 2015**

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 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>	CDBG FUNDS ONLY <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:

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 Four (4) COPIES OF THIS APPLICATION. PLEASE MAKE THE COPIES BACK TO BACK. (Save paper please)

APPLICATIONS ARE DUE BY 4:30 PM ON MONDAY DECEMBER 2, 2013. PLEASE MAIL OR DELIVER APPLICATIONS TO:

**TAYLORSVILLE CITY
ATTN: MS. KATHY RICCI
2600 WEST TAYLORSVILLE BLVD
TAYLORSVILLE, UT 84129**

Taylorsville CDBG is an equal opportunity program.