Application # _____

TAYLORSVILLE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) STANDARD PROPOSAL FORM FOR PROGRAM YEAR JULY 1, 2015– JUNE 30, 2016

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. Please note you will be required to report quarterly those served.

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

APPLICATIONS ARE DUE BY 4:30 PM ON FRIDAY DECEMBER 5, 2014. 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.