



Application # _____

**TAYLORSVILLE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
STANDARD PROPOSAL FORM
FOR PROGRAM YEAR JULY 1, 2017– JUNE 30, 2018**

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

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

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

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

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

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

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)

Please circle one below:

Persons Assisted Households Assisted Unit Assisted Other (Explain)

How many of the above circled will you assist (Please count only once for the entire Year)

Choose all the outcome indicators that you will measure from the funding received:

Funds leveraged _____

Income levels of persons/households by 30%,
50%, 60%, 80% of area median income _____ * Required

Number of communities/neighborhoods assisted _____

Current racial, ethnic, disabled categories _____ * Required

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 5, 2016. PLEASE MAIL OR DELIVER APPLICATIONS TO:

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

EMAIL APPLICATIONS WILL NOT BE ACCEPTED

Taylorsville CDBG is an equal opportunity program.