

**2006-2008 Community Development Block Grant Program
PLANNING APPLICATION**

Activity Name: _____

If the organization is submitting more than one application, rank them in order of importance, with one (1) being the most important. This application is ranked # _____ of _____.

Amount of CDBG funding requested: \$ _____ 2006

\$ _____ 2007

\$ _____ 2008

TOTAL REQUEST \$ _____

Organization Name: _____

Address: _____

Telephone: _____ FAX: _____

Contact Person and Title: _____

Please check the appropriate line:

_____ Municipality _____ Non-Profit Entity _____ For-Profit Entity
(501(c)(3) ___ Y ___ N) (Tax Identification Number: _____)

Activity Location & Brief Description: _____

Census Tract(s) and Block Group(s)(available from HCD staff) _____

Please check all of the following that apply to this activity:

- | | |
|---|--|
| <input type="checkbox"/> Primarily benefits low- and moderate-income people. | <input type="checkbox"/> Activity conducted in partnership with other municipality(ies)/ entities. |
| <input type="checkbox"/> Addresses/prevents slums or blight. | <input type="checkbox"/> Meets at least one Community Development Goal & Objective. |
| <input type="checkbox"/> Non-CDBG funds are included in the financing for the activity. | <input type="checkbox"/> Applicant has had no projects funded through CDBG within last 3 years. |
| <input type="checkbox"/> Continuation of an earlier project. | |

Signature of Authorized Official

Title

Date

Date of Municipal/Board Resolution

approving application(s). Attach a copy of the resolution to the application.

Activity Estimated Cost

Provide the financial data described below. When preparing this data:

- For multi-year activities, please prepare a table for each funding year, as well as, the summary table.
- Use the best information currently available. More detailed and exact figures will be requested if the activity is approved for funding.

Year 1/Single Year Activity Total \$ _____

Year 2 Total \$ _____

Year 3 Total \$ _____

| | |
|--------------------------------------|-----------------|
| SUMMARY of Years TOTAL Budget | \$ _____ |
|--------------------------------------|-----------------|

Sources of Funds

List all sources of other funding obtained/committed/sought for this activity in the following table (e.g. state funds, local funds, etc):

| Source of Funds | Amount | Work Item to be Accomplished with Funds | Status* (Circle) | Contingent upon CDBG Funding ? |
|-----------------|--------|---|--|--------------------------------|
| 1. | \$ | | Secured _____ Pending _____ Denied _____ | YES _____ NO _____ |
| 2. | \$ | | Secured _____ Pending _____ Denied _____ | YES _____ NO _____ |
| 3. | \$ | | Secured _____ Pending _____ Denied _____ | YES _____ NO _____ |
| 4. | \$ | | Secured _____ Pending _____ Denied _____ | YES _____ NO _____ |
| TOTAL | | | \$ | |

* If secured, attach confirmation letter (unless local funds). If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial.

If no other funding sources are involved in this activity, please explain why:

Sources of Funds (cont/)

Total funding sources (including CDBG request):

| | <u>Year 1/Single Year</u> | <u>Year 2</u> | <u>Year 3</u> |
|---|---------------------------|-----------------|-----------------|
| Total other sources (from table above) | \$ _____ | \$ _____ | \$ _____ |
| CDBG Funds Requested | \$ _____ | \$ _____ | \$ _____ |
| TOTAL All Sources | \$ _____ | \$ _____ | \$ _____ |

SUMMARY OF ALL SOURCES FOR ALL Years \$ _____

Note: Summary must match the "Summary of Years Total Budget" line on the previous page.

Planning Information (please continue on attached sheets, if necessary)

1. **Municipal applicants: List plans and ordinances currently in place or underway**

| | <i>Date Adopted</i> | <i>Date Updated (If applicable)</i> |
|---|---------------------|---|
| Comprehensive Plan | _____ | _____ |
| Zoning Ordinance | _____ | _____ |
| Subdivision/Land Development Ordinance | _____ | _____ |
| Act 537 Plan | _____ | _____ |
| Building Codes | _____ | _____ |
| Other: | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

2. **Is the activity mandated by other governmental entities or the courts:** YES NO
If YES, describe: _____

Activity Narrative (please continue on attached sheets, if necessary)

1. **Describe the proposed activity:** Where is it located (attach a municipal or street map); describe the scope and principal elements of the planning effort.

2. **Is the activity a continuation** of an earlier CDBG funded activity? If yes, please describe:

3. **Describe the need for the activity.** Clearly and concisely state the problem, what caused it, and who is affected by it. Describe the urgency and severity of the need (health/safety, public facility, lack of essential services, etc.). Attach surveys, photographs, reports, etc.

4. **Describe how the activity addresses the need described above**

5. **Cite the Community Development Priority Need, Goal and Objective** listed on page 5, 6, or 7 of the "General Information" which this activity *best* addresses:

6. **Describe how the proposed activity addresses this Community Development Goal and Objective:**