

**2024-2025-2026 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: \$\$ _____ 2024

\$ _____ 2025

TOTAL REQUEST \$ _____ 2026

Organization Name: _____ UEI #: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person and Title: _____

Please check the appropriate line:

_____ Municipality

_____ Non-Profit Entity
(501(c)(3) Y N)

_____ For-Profit Entity
(Tax Identification Number:) _____

Activity Location & Brief Description:

Census Tract(s) & Block Group(s) where activity is located (available from CD staff) *Please* _____

check all of the following that apply to this activity:

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

Date of Municipal/Board Resolution approving applications(s). Attach a copy of the resolution to the application.

Activity Estimated Cost

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

1. For multi-year activities, please prepare a table for each funding year, as well as, the summary table.
2. 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* (Select One)	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:**