

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
FUNDING APPLICATION FOR FEDERAL FISCAL YEAR 2016  
PUBLIC SERVICES APPLICATION

Date of Application: \_\_\_\_\_

**Applicant Information: ORGANIZATION CONTACTS AND CERTIFICATION**

**ORGANIZATION MAILING ADDRESS: (name, street, city, zip code)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State of Incorporation: \_\_\_\_\_ State Corporation Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ Dunn's Number: \_\_\_\_\_

Contact Person for this  
Application:

(Name and Title) \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

Authorized Representative of  
Submitting Organization:

(Name and Title) \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email \_\_\_\_\_

**Certification:**

**"I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true. I also certify that I am officially authorized to represent the submitting organization by its governing board in the filing of this application."**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**FOR PROGRAM STAFF USE ONLY**

Date Received: \_\_\_\_\_ Application Complete:  Incomplete:

Received by: \_\_\_\_\_

Method:  Mail  Hand Delivery  Electronic

**ORGANIZATION INFORMATION**

*Briefly describe the mission of your organization and the major program/services provided in support of the mission.*

- *How long has your organization been providing services to City of Frederick residents?*  
\_\_\_\_\_ Years
- *Currently, what percentage of those your organization serves are residents of the City of Frederick? \_\_\_\_\_%*
- *What is the amount of your organization’s current annual operating budget?*  
\$ \_\_\_\_\_

*What are your organization’s major sources of funding specified as a percentage of the total budget? (e.g. private donations 50%; government contracts 30%; foundation support 20%)*

- *How many paid staff work in your organization?* Full-time \_\_\_\_ Part-time \_\_\_\_\_
- *How many new staff are to be hired for the project if funded?* Full-time \_\_\_\_ Part-time \_\_\_\_\_

**PROJECT DESCRIPTION** (No more than one page)

Describe in detail the project for which these funds will be used. Indicate how these funds will be used in collaboration with other agencies, if appropriate and provide answers to the following questions in your response:

1. What unmet community need(s) will your project address?
2. How did you determine that the need(s) exist and how are they quantified?
3. What is your service area? (e.g. Citywide; focused on youth attending specific schools; focused in certain areas of the City.)
4. What unique or innovative features, if any, are associated with this project?

Please respond here and do not exceed this space:

**PROJECT GOALS / PERFORMANCE MEASURES**

List your project GOALS and how they will be accomplished including detailed activities and specific, verifiable, quantitative performance measures you will use to determine if your goals have been achieved for each activity.

<b><u>GOALS</u></b>	<b><u>SERVICE DELIVERY ACTIVITIES</u></b>	<b><u>PERFORMANCE MEASURES</u></b>
<p><i>“What do you want to achieve?”</i> ex: Improve reading skills</p>	<p><i>“Specifically how will you achieve it?”</i> <i>(please QUANTIFY)</i> ex: provide 2 12-week semesters of classes meeting 5 times per week for 2 hours serving 20 students each</p>	<p><i>“How will you verify success?”</i> ex: pre- and post test, pre- and post school grades, etc.</p>

**BENEFICIARIES**

Please provide the following information about those persons who will directly benefit from this project.

**Total number direct beneficiaries:** \_\_\_\_\_ (provided in summary on page 1 of this application)

- Number of total estimated beneficiaries to be at or below “low-income” (see chart below):  
\_\_\_\_\_
- Number of total estimated to be at or below “moderate-income”(see chart below):  
\_\_\_\_\_

**HUD Income Limits: Effective July 1, 2015**

FAMILY SIZE	Very Low	Low	Moderate
1	\$22,950	\$38,250	\$47,950
2	26,200	43,700	54,800
3	29,500	49,150	61,650
4	32,750	54,600	68,500
5	35,400	59,000	74,000
6	38,000	63,350	79,500
7	40,650	67,7350	84,950
8	43,250	72,100	90,450

Describe the beneficiaries in more detail, especially in terms of “special needs” (e.g. homeless, persons with disabilities, frail elderly, at –risk youth, immigrants with limited English proficiency.) Do not exceed this space.

**FY 2016 CDBG BUDGET (use this form ONLY)**

**INSTRUCTIONS:** The following budget information is only for the **project** for which your organization is requesting funds. You should not include your organization's total operating budget.

**In Column A**, list the titles of all positions to be funded in whole or in part with CDBG funds.

**In Column B**, for each employee shown in Column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

**In Column C**, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title

**In Column D**, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours.)

**In Column E**, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part IV.

NOTE: Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the City at 301-600-2842. Remember that funds will not be available until the late-Summer of 2015.

A	B	C	D	E
<b>I. PERSONNEL COSTS</b>				
SALARIES (List all positions to be assigned to this project)	CDBG HRS TOTAL HRS. PER WEEK	HOURLY RATE	TOTAL CDBG	OTHER FUNDS
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
<b>TOTAL SALARIES</b>			\$	\$

II. FRINGE BENEFITS	PERCENT	TOTAL CDBG	OTHER FUNDS
FICA	%	\$	\$
Retirement	%	\$	\$
Insurance	%	\$	\$
Workman's Compensation	%	\$	\$
State Unemployment Insurance	%	\$	\$
Other (Specify)	%	\$	\$
<b>TOTAL FRINGE BENEFITS</b>	%	\$	\$
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$	\$

**FY 2016 CDBG BUDGET (continued)**

<b>III. CONSULTANTS (If any)</b>	<b>TOPIC</b>	<b>HOURLY RATE</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTAL CONSULTANTS</b>			\$	\$

<b>IV. OPERATING EXPENSES</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
Office Rent	\$	\$
Audit & Accounting(1)	\$	\$
Books & Publications	\$	\$
Conference & Training	\$	\$
Insurance(3)	\$	\$
Legal	\$	\$
Local Mileage	\$	\$
Office Supplies/Materials	\$	\$
Postage	\$	\$
Printing	\$	\$
Telephone	\$	\$
Fidelity Bond Insurance	\$	\$
Utilities (List Separately)	\$	\$
	\$	\$
	\$	\$
Other (Specify)	\$	\$
	\$	\$
<b>TOTAL OPERATING COSTS</b>		\$
<b>GRAND TOTAL</b>		\$

- 1) Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, [http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/))
- (2) Funding recipients may NOT purchase equipment with Federal funds.
- (3) Funding recipients are required to meet The City of Frederick’s general insurance requirements (see fact sheet.) Federal funds may be used to pay any increased insurance premium costs.

**Additional Budget information if required:**

**City of Frederick Maryland  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
Public Services**

**GY16 APPLICATION**

**SUMMARY INFORMATION**

*Project Title* \_\_\_\_\_

*Legal Name of Submitting Organization:* \_\_\_\_\_

*Amount of Funds Requested for this Project:* \_\_\_\_\_ \$

*Amount of Total Project Budget:* \_\_\_\_\_ \$

*Total Number of Persons Who Will Directly Benefit From This Project:* \_\_\_\_\_

*Have you received CDBG funding for this program or activity before?* Yes \_\_\_\_\_ No \_\_\_\_\_

***If yes, please explain:***

*In the space below, provide a very brief descriptive summary of how the requested funds are to be used:  
(75 words or less)*