REQUEST FOR FUNDING
TO THE
CITY OF POUGHKEEPSIE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
2014

Agency Name _____

Address _____

Executive Director _____

Signature _____

Tax ID # _____

DUNS # _____

Telephone No. _____
E-mail _____

2014 CDBG Request $ _____

2013 CDBG Rec'd. $ _____

Please list all other sources that will assist in funding the activity for which CDBG funds are being requested.

Source	Amount

Please indicate which National Objective will be met by your proposed activity and complete the required beneficiary information below:

___Low/Moderate Area Benefit (Activity benefits all residents in an area where at least 51% of the residents are less than 80% of area median income)
___Low Mod Limited Clientele (Children, handicapped, senior citizens, homeless, victims of domestic violence, illiterate)
___Low Mod Housing (Activities undertaken for the providing or improving permanent residential structures, which will be occupied by low-moderate income households)
___Low Mod Jobs (Creation or retention of jobs where at least 51% will be held by low-moderate income persons)

	2013 (if applicable)	2014 (Proposed)
• Total # of City residents directly served by your agency _____	_____	
• Total # of City residents directly benefited by this proposed activity _____		
• Low/Moderate Income City residents directly benefited by this proposed activity _____		
• Minorities assisted by this activity _____		
• (Specify Black/African American, White, American Indian/Alaska Native, Asian/Pacific Islander, other/multi-racial) _____	_____	
• Hispanic/Latino according to race	_____	_____
• Cost of services per household _____		
• Cost of services per individual	_____	_____

Please complete the application for the program or activity for which you are requesting CDBG funding. Attach additional pages, if necessary. Return the completed application with a copy of your agency's most recent audit to:

Office of Social Development
City Hall, Second Floor
62 Civic Center Plaza
Poughkeepsie, NY 12601

If you have any questions, please call Paul Hesse at 845-451-4046.

PROJECT DESCRIPTION

1. Project/Activity Components (include number of months, days, hours, etc.)
   Project/Activity **must reflect the strategies as outlined in the Public Service Priority of the Draft 2013-2017 Consolidated Plan**. Please be specific in detailing the components of the project/activity.

2. What are the projects goals/objectives and how will the project goals be evaluated? Who will be designated to ensure the evaluation is completed?

3. Is this an existing, expanded or new program?
   If program is existing, how will it be adapted to meet the strategies outlined in the Public Service Priority of the 2013-2017 Consolidated Plan?

4. How will the program directly benefit low and moderate income City residents? How many new persons will benefit from the project?

5. What method will your Agency use to track low/moderate and minority program participants?

6. List the members/staff of your Agency who will be involved in the program and indicate their qualifications.

TOTAL PROJECT BUDGET

EXPENSE	*CD FUNDS REQUESTED*	*OTHER FUNDS* ***(SPECIFY FUNDING SOURCE)***	*TOTAL COST*
Salaries & Fringe Benefits (Include Job Titles)			
Contractual Fees			
Advertising			
Program Supplies			
Office Supplies			
Utilities			
Occupancy			
Program Transportation			
Insurance			
Indirect Costs (specify)			

Other (Specify)			
Total Project Expenses	$	$	$

Are "Other Funds" pending approval or guaranteed? _____

Is project dependent on "Other Funds"? _____

If other funds are pending approval and the project is dependent on them, please be advised that we reserve the right to rescind Community Development Block Grant funding if other funding becomes unavailable.

_____

SUBMISSION CERTIFICATION: I hereby certify that all the information stated herein is true and accurate; I have read and understand the program guidelines; and I am authorized to submit this application on behalf of the organization. Check for Certification: ☐

Name of Certifying Official: _____ Date: _____