2021/22 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION FOR FUNDING TO SUPPORT HOUSING

CDBG Housing Acquisition	CDBG Housing Rehabilitation	
ganization (Fiscal Sponsor)	General Information:	
Organization/Agency Name		
Mailing Address		
Vebsite		
Organization DUNS#		
xecutive Director/CEO		
-mail Address		
hone		
rogram/Project Name		
rogram/Project Name rogram/Project Site Address	\$	
rogram/Project Name rogram/Project Site Address unding Amount Requested	\$	
rogram/Project Name rogram/Project Site Address unding Amount Requested application Contact Person	\$	
Program/Project Name Program/Project Site Address Funding Amount Requested Application Contact Person Fitle of Contact Person F-mail Address	\$	
Program/Project Name Program/Project Site Address Funding Amount Requested Application Contact Person Title of Contact Person	\$	
Program/Project Name Program/Project Site Address Funding Amount Requested Application Contact Person Fitle of Contact Person F-mail Address Phone	\$ e what geographic area the project is loca	ated in

	Funding Source				
	Grant Amount				
6.	Organiz	ational Overview: Prons, number of clients	ovide a brief descript served, etc.:	tion of your organiza	ation including mission

5. What other County of Marin funds is your organization receiving?

	tion: Provide a detailed scope of work including development activities the current stage of project. Describe how this project will benefit the
IUD National	Objective to be served (check at least one):
	Activities benefiting low and moderate-income persons. (LMI)
	Activities benefiting low and moderate area. (LMA)
	Activities which aid in the prevention or elimination of slums or blight.

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¹ Affirmatively furthering fair housing is to promote fair housing and to empower and give special assistance to groups that have historically been disadvantaged

 $^{^{2}}$ Federally protected classes include race, religion, color, national origin, sex, disability or familial status

11.	Approximately how many moderate, low, very low, and extremely low-income persons will
	directly benefit from the program/project? Projects that support low-income persons will be
	prioritized. (Use the income level table found in the Application Guidelines document):

Moderate-Income	Very Low-Income	
Low-Income	Extremely Low-Income	

12	. How does your organization verify client income? (Income verification is required except if
	the client is presumed benefit by HUD. Presumed benefit applies to abused children, battered
	spouses, the elderly, adult persons with serious disabilities, the homeless, illiterate persons,
	and migrant farm workers.

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13. Estimate the demographics of the moderate, low, very low, and extremely low-income persons who will directly benefit from the program/project:

Ethnic Category	Total Number of Persons	Number of Persons Identifying as Hispanic
American Indian or Alaskan Native		
Asian		
Black or African American		
Native Hawaiian or other Pacific Islander		
White		
American Indian <i>and</i> White		
Asian and White		
Black and White		
American Indian <i>and</i> Black		
Multi-Racial		
TOTAL		
Female-Headed Households (out of above total)		
Persons with Disabilities (out of above total)		
Households that include seniors (65+)		

PROJECT MANAGEMENT & FINANCIAL DATA

	y has remaini expending the			reviously a	pproved, pl	ease descri
scribe voui	r organization	s experience	with admin	isterina fed	eral arant p	rograms.
Housing r	ehabilitation p	projects with	more than	<mark>7 units</mark> , who	at experienc	
h complyin	ng with <u>Davis-</u>	<u>Bacon</u> prevai	lling wage r	equirements	;? 	

ist any entitlements, pla o proceed and list those		r authorizations that a	are necessary for the p
process and not mose			
/hat stage are you in? Select	the current phase of the	he proposed.	

20. What is your project timeline? List program/project objectives and milestones, along with
an estimated timetable for reaching them. (The general tasks for a construction project
are provided below; please add tasks as needed):

Date of Completion

Name and Title of Authorized Preparer:	Date:
	
☐ By checking this box, I hereby knowledge.	certify that this information is true and accurate to the best of my

Required Attachments:

- A. **Project Budget:** Complete the project budget template provided and submit along with application. If you have a project budget that provides the information requested in the template, you may submit that in-lieu of the template. Please note: the project budget should reflect the total cost of the project NOT just the CDBG.
- B. Organizational Budget: Upload your organization or fiscal sponsor's annual budget.

Application submittal deadline is Friday, February 5, 2021 by 5 p.m. PST <u>POSTMARKS WILL NOT BE ACCEPTED</u>