

COUNTY OF SANTA CLARA
OFFICE OF AFFORDABLE HOUSING
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FY 2010/2011

STANDARDIZED APPLICATION FOR FUNDING

1. APPLICANT ORGANIZATION: _____ Date: _____

Agency Name: _____

Address: _____

EXECUTIVE DIRECTOR: _____

Signature: _____

Phone No.: _____ Fax No. _____ E-Mail: _____

Agency is a faith-based organization: _____ Yes _____ No

2. PROJECT NAME: _____

Project Address/Location: _____

CONTACT PERSON/TITLE: _____

Phone No.: _____ Fax No. _____ E-mail: _____

Brief Project Description:

Identify Urban County Consolidated Plan Primary Objectives: _____

3. FUNDS REQUESTED: \$ _____ Total Project Costs \$ _____

Funds Requested in FY 09/10: \$ _____ Funds Received in FY 09/10: \$ _____

Number of proposed Urban County unduplicated beneficiaries: _____

Number of proposed Urban County unduplicated beneficiaries at or below current county-wide median income: _____

0-30% (Extremely low) _____ 31-50% (Very Low) _____ 51-80% (Low) _____

4. PROJECT DESCRIPTION AND NUMBER OF UNDUPLICATED CLIENTS SERVED:

Provide a brief description of the specific project being proposed clearly stating what the project intends to provide or accomplish and the specific activities for which funds will be used. Describe the Urban County target population and indicate the specific type and number of total unduplicated project beneficiaries (e.g. 50 lower income families, 25 homeless persons, 100 lower income households, etc.).

5. PROJECT PURPOSE AND OBJECTIVES:

Specify objectives project intends to accomplish and identify desired outcomes and benefits. How does the purpose and objectives meet the priority needs?

6. **PROJECT MANAGEMENT**

Briefly describe how the project will be managed and administered, including proposed staff time and staff functions.

7. **AGENCY DESCRIPTION AND PREVIOUS CDBG, HOME OR ESG ACCOMPLISHMENTS:**

Please give a brief general description of your agency and the services provided. Also provide a brief description of your agency's experience in providing the proposed services. If previously funded, what were goals and accomplishments of CDBG projects.

8. AUDIT INFORMATION:

Please provide the date of the most recent audit of your organization. Describe any findings or concerns which may have been cited in the audit or in any accompanying management letter particularly any pertaining to the use of CDBG funds. Also, describe any action taken to correct identified findings or concerns.

9. OTHER SOURCES OF FUNDS ANTICIPATED FOR THIS PROJECT¹:

SOURCE	ESTIMATED AMOUNT	STATUS ²
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
ESTIMATED TOTAL PROJECT COST: \$ _____ (Should equal total project cost on cover page)		

1 Include all potential or anticipated sources, RDA, conventional bank loans, tax credits, etc.

2 Should indicate the status of commitment of funding source, i.e. secured, committed or application pending with anticipated dates of final funding decisions.