

**2016/17 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE APPLICATION FOR FUNDING**

|  |
| --- |
|  |
| **Program Year: 2017/18 Check One: New Program/Project** |
| **Existing Program/Project** |

1. **Which Planning Area will the project be located? Check all that apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lower Ross Valley | Upper Ross Valley | San Rafael | Novato | West Marin | Richardson Bay |
|  |  |  |  |  |  |

1. **Prior Years Funded by County of Marin CDBG:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year Funded** |  |  |  |  |
| **Grant Amount** |  |  |  |  |
| **Amount Expended** |  |  |  |  |

1. **General Information:**

|  |  |
| --- | --- |
| **CDBG FUNDING AMOUNT REQUESTED** |  |
| **PROGRAM/PROJECT NAME** |  |
| **ORGANIZATION/AGENCY NAME** |  |
| **MAILING ADDRESS** |  |
| **PROJECT ADDRESS** |  |
| **CONTACT PERSON & PHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |
| **WEBSITE** |  |
| **ORGANIZATION DUNS#** |  |

*2016/17 CDBG FUNDING APPLICATION*

# Program Description:

Describe your program and how the program will address an unmet need in the community. Describe the impact your project will have on low/moderate income households Please limit your response to a half page.

1. **What other agencies will you partner with for this project, Please list? (Please have supporting documents available upon**

 request):

1. **HUD 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.*** |

1. **How will this project further Marin County's Fair Housing goals?:**
2. **Approximately how many moderate, low, and very low-income persons will directly benefit from the program/project? (Use the table below of income level estimates per household to determine the number of people served):**

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

2016 HUD INCOME LIMITS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Extremely Low | $25,850 | $29,550 | $33,250 | $36,900 | $39,900 | $42,850 | $45,800 | $48,750 |
| Very Low-Income | $43,050 | $49,200 | $55,350 | $61,500 | $66,450 | $71,350 | $76,300 | $81,200 |
| Low-Income | $68,950 | $78,800 | $88,650 | $98,500 | $106,400 | $114,300 | $122,150 | $130,050 |
| Moderate-Income | $90,500 | $103,450 | $116,350 | $129,250 | $139,550 | $149,950 | $160,250 | $170,600 |

SOURCE: U.S. Department of Housing and Urban Development

1. **Estimate the number of minorities to be served by the program/project using the following table (see note about table below):**

|  |  |  |
| --- | --- | --- |
| **Ethnic Category** | **Total Persons** | **Of the total, those identifying as Hispanic** |
| American Indian or Alaskan Native |  |  |
| Asian |  |  |
| Black or African American |  |  |
| Native Hawaiian or other Pacific Islander |  |  |
| White |  |  |
| American Indian *and*White |  |  |
| Asian *and* White |  |  |
| Black *and* White |  |  |
| American Indian *and* Black |  |  |
| Multi-Racial |  |  |
| TOTAL | 100% |  |
| Female-Headed Households(out of above total) |  |  |

1. **How will your project benefit members of the Protected Classes?**

Please note that HUD (U.S. Department of Housing and Urban Development) changed the data collection requirements regarding race/ethnicity categories during program year 2002-2003. These changes reflect Office of Management and Budget 1997 standards establishing that “Hispanic” is not a race category, but an ethnic category that cuts across all races. Those who are White, Black, Asian, Pacific Islander, American Indian, or a multi-race may also be counted as being of Hispanic ethnicity. As such, when asking the individual/household to select a race category, the individual/household must also state whether they are of Hispanic ethnicity. For example, an individual/household of Mexican descent would likely state their race as either American Indian or White, and would also fall under the category of “also Hispanic.”

1. **If your agency has a remaining project funding balance from previous years’ County of Marin CDBG funding, please explain below and include a timeline for spending:**
2. **List your past specific accomplishments/activities and goals of your organization/agency using CDBG funds. Did you meet these goals and accomplishments? If not, please explain why. Please describe:**
3. **If your organization has never received a Federal CDBG grant what is your experience with administering CDBG or other federal grant programs?**

***PROJECT MANAGEMENT & FINANCIAL DATA***

1. **State who supervises and manages the program. List any approvals or authorizations required for the program to operate. Describe any computer systems or other systems used to track grant funding and client results for the program.**
2. **List program objectives and milestones, along with an estimated timetable for reaching them:**

# Program Budget:

* 1. **List the activities and/or items that CDBG funds will be used specifically for. Funding requests for full-**

time staff or staff which does not have a direct client-benefit for income eligible clientele is not allowed. Please provide detail for proposed budget in the space below and attach a proposed budget for the CDBG funds *(incomplete applications will be rejected).*

* 1. **List a breakdown of the TOTAL funding sources for your proposed program/project:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Funding Amount** | **Percentage of Total Funding** | **Uses of Funds** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Will the requested CDBG funds be expended by the end of the fiscal year (June 30, 2018)? Yes - No If No, please explain why:**
2. **Please sign and date your application below:**

***Signature Date***

# Mailing Address:

**County of Marin**

**3501 Civic Center Drive #308 San Rafael, CA 94903**

**Attn: Jared Stalling**

**Physical Address (if dropping off application): County of Marin- Community Development 3501 Civic Center Drive #308**

**Application submittal deadline is**

**Tuesday, November 8, 2016 by 5 p.m.**

***POSTMARKS WILL NOT BE ACCEPTED***