

**CITY OF TAMPA
FY2004/2005
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
FUNDING APPLICATION**

AGENCY INFORMATION

NAME OF ORGANIZATION: _____

ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

FAX: _____

CONTACT PERSON/TITLE: _____

E-MAIL ADDRESS: _____

PHONE: _____

ARE YOU: A PUBLIC ORGANIZATION OR NON-PROFIT ORGANIZATION? (Circle One) _____

TAX IDENTIFICATION NUMBER: _____

YEAR ORGANIZATION WAS INCORPORATED: _____

PROJECT INFORMATION

PROPOSED PROJECT TITLE: _____

AMOUNT OF FUNDING REQUESTED: \$ _____

TOTAL PROJECT COST: \$ _____

LOCATION: _____

PLEASE ANSWER ONE OF THE FOLLOWING: IS THIS A FIRST YEAR REQUEST? YES NO _____

SECOND YEAR REQUEST? YES NO THIRD YEAR (Or More _____) REQUEST? YES NO _____

HOW MANY YEARS FUNDED? _____

DOLLAR AMOUNT FUNDED IN PRIOR BUDGET YEAR? _____

TYPE OF REQUEST? _____

CERTIFYING REPRESENTATIVE

(Person authorized to sign contract, if approved) Sign in Blue Ink.

To the best of my knowledge and belief, data in this proposal are true and correct and the governing body of the applicant has duly authorized the document.

NAME: _____

(Please Print)

(Signature)

TITLE: _____

DATE SIGNED: _____

| | | |
|-----------|----------------------------------|-----------------|
| I. | Project Abstract (½ page) | 2 Points |
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| | a. | Who does the project serve? |
| | | |
| | b. | Indicate the specific activity of the project. |
| | | |
| | c. | Identify the location of the project. |
| | | |
| | d. | Is the project a phased project? If so, please indicate the phase work. |
| | | |
| | e. | Indicate the anticipated start/end dates. |
| | | |
| | f. | Indicate the total funding amount for the project. |
| | | |
| | g. | Indicate the total CDBG funds requested. |
| | | |
| | h. | Indicate the need for the project. |

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| II. | Project Summary (1 page) | 3 Points |
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| | a. | Describe the overall goal of the project, specific objectives to be accomplished, activities implemented to achieve the project and outcomes of the project. The goal needs to be specific, measurable, attainable, relative and time-bound. |
| | | |
| | b. | Identify the number of persons expected to be served by the project. Describe how you will reach out to the target population. |
| | | |
| | c. | Explain how the project will improve your level of service. (Please quantify your response.) |
| | | |
| | d. | Does any organization, other than your own, offer this type of service? If so, describe how your organization will enhance these efforts. |
| | | |
| | e. | Does the organization have fidelity bond coverage for principles on staff who manage the organization's accounts. If so, in what amount and with which insurance agency? |

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| III. | Demonstrated Need (1 page) | 25 Points |
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| | a. | Identify and describe existing unmet community/neighborhood needs to be addressed by the project. |
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| | b. | Describe methods and/or data used to identify and verify the need for this project. |
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| | c. | Does the project demonstrate cooperation and collaboration among agencies. |

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| IV. Project Description (2-3 pages) | 15 Points |
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| a. | Briefly describe the proposed project, the population to be served and services to be provided. |
| b. | Indicate if this is a new or existing project/program. |
| c. | Identify the location of the project and the boundaries of its service area. Please include a map (See Census Tract Map on Page 17). |
| d. | Indicate if the project will result in a change in size and/or use of a facility and if special review and permitting by the City is required. |
| e. | Describe how the program/project will continue in the long-term, with or without Federal funding. |
| f. | Describe procedures for procurement. |

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| V. Ability to Meet Consolidated Plan Priorities (1 pages) | 5 Points |
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| a. | <p>Consistency with Consolidated Plan Explain how the proposed project is consistent with the priorities established in the City of Tampa Consolidated Plan. As highlighted on pages 14-16 or via website at http://www.tampagov.net/dept_Budget/2003_Five_Year_Consolidated_Plan/index.asp.</p> |
| b. | <p>National Objective Describe, in detail, how the project meets one of the following CDBG program objectives: 1. To benefit low and moderate income persons. See Table on page 11. 2. To aid in the prevention or elimination of slums and blight.</p> |

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| VI. Financial Feasibility (1 page) | 10 Points |
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- | | |
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| a. | Include status of funding applications and state whether or not the implementation of the project is contingent on receiving funds from other sources. |
| b. | Provide award letter for funding commitment and date of funding availability. (Attach to this Section). |

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| VII. Readiness to Implement (1 page) | 15 Points |
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| a. | Describe specific steps to be taken to implement the project. |
| b. | Attach a proposed project timeline, which identifies target dates for each phase implementation. |
| c. | Identify any barriers to implementing the project and explain how these barriers will be overcome. |
| d. | Identify temporary and permanent jobs to be created by the project. Will the staff be residents of the project area? |

VIII. Demonstrated Experience and Capacity (1 - 2 pages) ***10 Points**

Describe the nature, purpose and qualifications of sponsoring organization. Include the following:

| | |
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| a. | Organizational background and experience. |
| b. | Evidence of demonstrated ability to perform to the requirements of Federal Regulations, i.e. federally funded program experience. |
| c. | Include qualifications and resume of the project manager. (Attach to this Section). |
| d. | Include resumes, pay scales, job description for CDBG funded positions. (Attach to this Section). |
| e. | Articles of Incorporation, By-laws, and Organizational Chart. (Attach to this Section). |
| f. | Verification of 2-year non-profit status – 501 (c) IRS Tax Exemption letter. (Attach to this Section). |
| g. | List of Board of Directors. (Attach to this Section). |

*Attachments will not count against page limit.

IX. Funding Sources (Financial Records) (1 page)**5 Points**

Attach one copy of the most recent annual financial statement, itemized to illustrate lack of funds for proposed project; also, indicate previous CDBG funding by year. State why you are unable to implement without obtaining CDBG funds.

X. Budget (1 - 2 pages)**10 Points**

Provide a balanced budget breakdown consisting of revenues, personnel and operating costs associated with this proposed project. Provide the personnel cost for each position. For projects to be funded with multiple sources please provide a separate budget for the portion to be funded with CDBG funds, and a total budget for the complete proposed project inclusive of all funding sources. See sample forms on pages 12 and 13.

HUD PROGRAM INCOME LIMITS (FEBRUARY 2003)*

| MSA | Income Level | Income Limits | | | | | | | |
|--|-----------------|---------------|----------|----------|----------|----------|----------|----------|-----------|
| | | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8+ Person |
| Tampa-St. Petersburg-Clearwater FY 2003 Median Family Income \$49,700 | VERY LOW-INCOME | 17,700 | 20,200 | 22,750 | 25,250 | 27,250 | 29,300 | 31,300 | 33,350 |
| | LOW-INCOME | 28,300 | 32,300 | 36,350 | 40,400 | 43,650 | 46,850 | 50,100 | 53,350 |

*If project is funded a current Income Limits Table will be provided.