



**CITY OF COEUR D'ALENE
COMMUNITY DEVELOPMENT BLOCK
GRANT'S
2017 COMMUNITY OPPORTUNITY
GRANT APPLICATION**

**APPLICATIONS MUST BE RECEIVED: NOVEMBER 10, 2017 AT 5:00 PM AT
CITY OF COEUR D'ALENE, ATTN: MICHELLE CUSHING, 710 E. MULLAN
AVE. COEUR D'ALENE, ID 83814-3958**

LATE APPLICATIONS WILL NOT BE ACCEPTED

1. Cover Page

1. APPLICANT:	
2. ADDRESS:	
3. MAILING ADDRESS (If Applicable):	
4. HEAD OF ORGANIZATION AND TITLE:	
5. PROJECT TITLE AND PRIORITY NUMBER:	
6. CONTACT PERSON AND TITLE (Please Print):	
7. PHONE NUMBER: ()	8. E-MAIL ADDRESS:
9. SIGNATURE OF PERSON WHO PREPARED THIS APPLICATION:	
X.	DATE:
10. SIGNATURE OF HEAD OF ORGANIZATION:	
X.	DATE:

11. WHAT TYPE OF PROJECT IS THIS? (CHECK ONE)

<input type="checkbox"/> Public Service	<input type="checkbox"/> Housing Activity
<input type="checkbox"/> Public Facilities and Improvement	<input type="checkbox"/> Economic Development Activity

12. TOTAL PROJECT COST 13. CDBG FUNDS REQUESTED

\$	\$
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PROJECT SUMMARY: (Limit Project Summary to One Page)

I. Provide an overview of the proposed project.

II. Why should this project be funded, who will it benefit and how?

III. Summary of the project activities (implementation)

IV. Describe the affirmative outreach for the proposed project. ()

NEED:

- Why have you chosen to address this particular need?
 - How did you identify and measure this need?
 - What services will this project provide?
 - Describe the client population to be served.
 - Is this a new need, an ongoing need or a need that has re-surfaced?
 - What is the impact of this deficiency on our community, when these needs are not met?
 - How will your project complement or build on the efforts of other groups or agencies that are serving the same or similar populations?
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GOALS AND OUTCOMES:

- What are the specific goals and anticipated outcomes of the project? Please use clear concise statements when identifying goals and outcomes.
 - What process will you use to document the accomplishments for each goal listed for the project?
 - How will your agency track and measure the success of this project?
 - Is this project intended to be sustainable beyond the funding year?
 - How many persons do you anticipate will benefit from the project?
 - Please describe your cost/benefit ratio justification (program costs per persons served)
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PLAN AND IMPLEMENTATION:

- What other agencies or potential beneficiaries were included in the process?
 - How is your plan consistent with other planning efforts?
 - Please describe in detail, how the project will be accomplished. Planning and implementation should show a clear path from beginning of project to the end.
 - Please include a timeline, and milestones if applicable.
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CAPACITY:

- Provide a summary of your agency's history and mission.
- Describe the capacity of your agency to undertake the proposed project.
- Identify the personnel/positions involved and the qualifications of key personnel, including financial management capacity.

- Which (if applicable) of the staff members supported by CDBG funds will be active in implementing other projects?
 - How will staff balance time spent for each project, if working on multiple projects?
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LEVERAGE:

- What other financial resources – federal, state and local – do you have in place to support this project? Please identify source and amount in table format.
 - Of these other sources of funds identify which are secured, planned, or historically pledged to the project.
 - This CDBG request represents what percentage of your total project budget?
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PROJECT SCHEDULE:

Attach an implementation schedule of all activities including an estimated schedule for drawing down funds if awarded a grant under this program.

Line Item Budget Form – Public Service Project

Applicant: _____

Project Title _____

BUDGET ITEMS	CDBG ENTITLEMENT REQUEST	OTHER SOURCES	DEFINE OTHER SOURCES AND AMOUNTS OF EACH SOURCE	TOTAL PROJECT COST
PERSONNEL				
Number of Employees & Job Title				
Salaries Total				
Fringe Benefits				
PERSONNEL TOTAL	\$	\$	\$	
OPERATING COSTS				
Supplies:				
Equipment:				
Rent/Lease:				
Telephone:				
Travel:				
Insurance:				
Printing:				
Contractual:				
Other (Define):				
Other (Define):				
Other (Define):				
Other (Define):				
OPERATING TOTAL	\$	\$	\$	
PROJECT TOTAL	\$	\$	\$	

What percentage of your project is comprised of this CDBG request? _____

What is your agency's total annual budget? _____

Date of last audit: _____

Line Item Budget Form – Acquisition/Construction Project

Applicant: _____

Project Title _____

BUDGET ITEMS	CDBG ENTITLEMENT REQUEST	OTHER SOURCES	DEFINE OTHER SOURCES AND AMOUNTS OF EACH SOURCE	TOTAL PROJECT COST
PERSONNEL				
Number of Employees & Job Title				
Salaries Total				
Fringe Benefits				
PERSONNEL TOTAL	\$	\$	\$	
PROJECT COSTS				
Acquisition				
Appraisal Costs				
Design				
Architectural/Engineering				
Construction				
Permits and Fees				
Insurance				
Legal Fees:				
Financing:				
Other (Define):				
Other (Define):				
Other (Define):				
Other (Define):				
OPERATING TOTAL	\$	\$	\$	
PROJECT TOTAL	\$	\$	\$	

What percentage of your project is comprised of this CDBG request? _____

What is your agency's total annual budget? _____

Date of last audit: _____

Line Item Budget Form – Economic Development Project

Applicant: _____

Project Title _____

BUDGET ITEMS	CDBG ENTITLEMENT REQUEST	OTHER SOURCES	DEFINE OTHER SOURCES AND AMOUNTS OF EACH SOURCE	TOTAL PROJECT COST
PERSONNEL				
Number of Employees & Job Title				
Salaries Total				
Fringe Benefits				
PERSONNEL TOTAL	\$	\$	\$	
PROJECT COSTS				
Supplies:				
Equipment:				
Rent/Lease:				
Telephone:				
Travel:				
Insurance:				
Printing:				
Contractual:				
Financing:				
Other (Define):				
Other (Define):				
Other (Define):				
Other (Define):				
OPERATING TOTAL	\$	\$	\$	
PROJECT TOTAL	\$	\$	\$	

What percentage of your project is comprised of this CDBG request? _____

What is your agency's total annual budget? _____

Date of last audit: _____

