



**CITY OF COEUR D'ALENE
PLANNING DEPARTMENT
COMMUNITY OPPORTUNITY GRANT**

**10/1/2019-
11/4/2019**

CDBG PY 2019 Application

The City of Coeur d'Alene is pleased to announce the availability of funds for the Community Development Block Grant (CDBG) program. Applications MUST address one of the three national objectives set by the U.S. Department of Housing and Urban Development (HUD), or they will NOT be considered for CDBG funding (see the section on Qualifying Criteria for detailed information on the objectives). Furthermore, completed applications should provide the necessary exhibits, budgets, or requested information on targeted populations. **Please submit (5) copies per application to City Hall, 710 E. Mullan Ave., Attn: Michelle Cushing by the application deadline of 5:00 P.M., MONDAY, NOVEMBER 4, 2019.** *Note: Required documents, supplemental documents and information or answers which exceed the allotted space or character limit may be added as attachments.

APPLICANT INFORMATION

(1-1) Organization Name	
DUNS Number	
Project Manager/Title	
Applicant Signature	
PHONE/Email	
Address	
City, State, Zip	

PROJECT SUMMARY

(2-1) Project/Program Title	
Project/Program Address	
Jurisdiction/Area Served	
Targeted clientele	
Project type (select one):	
<input type="checkbox"/> Public Service <input type="checkbox"/> Public Facilities <input type="checkbox"/> Economic Development <input type="checkbox"/> Housing	
(2-2) Brief Project Description:	
(2-3) Total CDBG Funding Requested	
Total Cost to Complete Project	
Anticipated Start Date:	Anticipated End Date:

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RISK ASSESSMENT: AGENCY DETAILS, CAPACITY, AND EXPERIENCE (25 points)

Type of Agency	<input type="checkbox"/> 501 (c)(3)	<input type="checkbox"/> For Profit	<input type="checkbox"/> Gov't/Public	<input type="checkbox"/> Faith-based	<input type="checkbox"/> Other:
Date of Incorporation			Annual Operating Budget		
Number of Paid Staff			Number of Volunteers		
(R1) Agency Mission Statement:					
(R2) Please describe your organization's capacity to implement the proposed project/program. Who will be involved in the project/program? (In-house employees, contractors, other agency partners, etc.) List projects of similar size and type that your organization has completed.					

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(R3) Briefly describe your agency's record keeping system with relevance to the proposed project/program:

(R4) Briefly describe your agency's auditing requirements, including those for the proposed project/program, and attach a copy of your most recent audit or financial statement:

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(R5) Will the services offered by your organization increase or expand as a result of CDBG assistance? If YES, please answer the following two questions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What new programs or services will be provided?		
Describe how existing programs or services will be expanded and what percentage of an increase is expected?		
(R6) If your program serves homeless households, please describe how your program coordinates with other homeless service providers to connect homeless individuals and families to resources.		

QUALIFYING CRITERIA: 20 POINTS POSSIBLE

- Which of the 2018-2022 Consolidated Plan Goals does your project/program plan to address? (Refer to application guide)
 - 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)
-

NEED: 25 POINTS POSSIBLE

- 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?
-

GOALS AND OUTCOMES: 20 POINTS

- 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.
-

LEVERAGE: 10 POINTS

- 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?
-

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: _____