

FY 2006 - CDBG Competitive Application

APPLICATION INFORMATION

Project Sponsor _____
 Federal Tax ID _____

Contact Person:

Name and Title _____
 Address _____
 Telephone _____ Fax _____ E-Mail _____

PROJECT TITLE & DISCRIPTION (10 words or less:

PROJECT FUNDING REQUEST:

Prince William County:

First Year Request for this Project _____ Yes _____ No
 Second Year Request for this Project _____ Yes _____ No
 Third Year Request for this Project _____ Yes _____ No
 Repayable Loans indicate number of years for repayment _____
 Request for Repayable Loan \$ _____
 Request for Forgivable Loan \$ _____
TOTAL AMOUNT OF REQUEST \$ _____

Manassas City:

First Year Request for this Project _____ Yes _____ No
 Second Year Request for this Project _____ Yes _____ No
 Third Year Request for this Project _____ Yes _____ No
 Repayable Loans indicate number of years for repayment _____
 Request for Repayable Loan \$ _____
 Request for Forgivable Loan \$ _____
TOTAL AMOUNT OF REQUEST \$ _____

CERTIFICATION:

To the best of my knowledge and belief, data in this proposal are true and correct and the documents have been duly authorized by the governing body of the applicant.
 Executive Director or Administrative Officer of Applicant.

Name and Title: _____

Signature: _____

I. PROJECT DESCRIPTION - 110 points maximum (2 page limit for narrative)

- A. In narrative form address the following areas: 1) describe the project (not your agency) with reference to “Eligible Activities”, 2) who will administer the project, 3) which goal (homeless, housing, special populations or community development) and specific goal with measurable objectives your project will address within the CP, 4) how the project affects the Consolidated Plan, 5) what the actual project will accomplish (measurable outcomes), 6) where the project is located and why (justify project existence), 7) how lead-based paint requirements will be addressed, 8) if the project is for a repayable loan indicate the repayment period and for a forgivable loan indicate where the match will come from.

- B. What is the **total** project cost? \$ _____
- C. List the source and date of project cost estimates and identify as “**Attachment I, Cost Estimates**”, limit one page per estimate. This attachment must follow Attachment D application.

D. Complete Project Budget

Line Item	CDBG Funds	Non-CDBG Funds	Total
Salary			
Fringe			
Supplies			
Arch./ Engineer Fees			
Acquisition			
Construction			
Rehabilitation			
Other:			
In-Kind Professional Services			
TOTAL	\$	\$	\$

- Will this project incur ongoing operating cost? _____ Yes _____ No
- Describe plans for providing source of funds for subsequent years and if application is for repayable loan, from what source will funds be provided.

II. BENEFIT TO LOW-AND MODERATE-INCOME (LMI) - 15 points maximum

Answer the following questions with regard to project's benefit to low-and moderate-income persons:

- A. Total Number of Persons Needing Service: _____
- B. Number of Persons to be Served by Project: _____
- C. Number of LMI Persons to be Served by Project: _____

Methodology - Please provide an explanation of the analysis undertaken to derive this information.

Indicate which of the four "activities" considered to benefit LMI persons (Area Benefit, Limited Clientele, Housing Activity or LMI Jobs) your project will address, how LMI persons will be determined, and how LMI persons will benefit.

III. SPONSOR CAPACITY -75 points maximum (limit narrative to this page)

- A. Experience: Are you currently operating an ongoing project and/or have you previously operated a related program like your proposed project? If yes, specify the name of the program(s), the length of time the program has been in operation, the target population, the types of work performed, the cost of the project, and how long the project took to complete.

5. Does your organization have an audit completed by an independent certified public accountant? If yes, attach copy of the complete audit which includes the "Management Letter" which summarizes the audit and the "Management Audit Response Letter" if applicable and identify as "**Attachment III, Audit**". This attachment must follow Attachment D application.

_____ Yes _____ Date of Audit _____ No

If you answered No, please give explanation as to why your organization has not had an audit performed.

Did last audit cite any material weakness(s) or concern(s)? Please list material weakness(s) or concern(s) and corrective action taken by means of your "Management Audit Response".

6. Does your organization have an adopted "Procurement Procedure"?
_____ Yes _____ No
Explain your Procurement Procedures.

IV. LEVERAGE/MATCH REQUIREMENT - 0 points

Sponsors requesting funding must have a dollar-for-dollar ratio of leverage match. No forgivable loan application will be considered for funding if the request fails to demonstrate the match.

List the amount of match resources, from all sources available for use along with CDBG dollars for your proposed project? Leverage/Match **must match or exceed** CDBG funds requested in project budget. Federal dollars cannot be used for match points, but should be included in overall budget if applicable and identified as Federal dollars.

Line Item	CDBG Funds	Non-CDBG Funds	Total
Salary			
Fringe			
Supplies			
Arch./ Engineer Fees			
Acquisition			
Construction			
Rehabilitation			
Other:			
In-Kind Professional Services			
TOTAL	\$	**\$	\$

The evidence **MUST** state the dollar value and verify the availability of match resources obligated to this project. For non-profits, for-profits or governmental entities that have a Board of Directors, a Board Resolution must be provided. For non-profits, for-profits and governmental entities that do not have a Board of Directors, a letter from the Executive Director will be acceptable. For PWC governmental agencies a letter from the County Executive will act as a Board Resolution. In-Kind Agreements for Professional Services such as legal, accounting, engineering, management, planning, etc. can also be used as a match for the project only. In-Kind contributions must also state the value of their services for the project. Volunteer hours except for professional services are not applicable. Identify verification of leverage/match as **“Attachment IV, Leverage/Match”**. This attachment must follow Attachment D application.

V. BOARD AUTHORIZATION RESOLUTION - 0 points

All applicants must provide a Board Resolution that authorizes the organization to make application for CDBG funds for project(s). Failure to provide a Resolution will preclude the application from being considered for funding. The resolution must state the project and amount of request. If application is for a repayable loan, state number of years in which loan will be repaid. For non-profit, for-profit and governmental entities that do not have a Board of Directors, verification can be a letter from the Executive Director. For PWC governmental agencies a letter from the County Executive will act as a Board Resolution. Identify verification of Resolution as **“Attachment V, Board Authorization Resolution”**. This attachment must follow Attachment D application.