



Linda S. Likely

KENT COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT ONLINE NON-PROFIT RENEWAL APPLICATION

You may submit this pre-application by mail to: KCCD, 82 Ionia Ave. NW, Suite 390, Grand Rapids, MI 49503-3036, by Fax (616) 632-7405, or by clicking the "Submit" button and following instructions.

APPLICATION DUE DATE: February 26, 2016

NON-PROFIT ORGANIZATION NAME _____

APPLICANT

Name

Telephone Number

Address

Email Address

CONTACT PERSON

Name/Title

Telephone Number (Work)

Address (Work)

Email Address

Certifying Official _____

Note: (Not-For-Profit and For-Profit community based organizations must complete the requirements in Question 8 in order to qualify for CDBG funding.)

PROJECT INFORMATION

Project Name

Application Priority No. (If more than one application submitted)

Location (Primary Service Location)

CDBG Amount Req.

Census Tract Number(s) of project location, or

Block Group

Census Tract Number(s) of service area for fire & rescue equipment

Potential Low Mod Residents

Service Start Date

PROJECT DESCRIPTIONS

Please briefly describe the activity for which you are requesting funds in accordance with instructions.

PROJECT ELIGIBILITY

Please select an option from **one** project category below.

PUBLIC SERVICES

PUBLIC FACILITIES

ACQUISITION ONLY

Is this part of a previously submitted/ongoing development project? If so, give date of initial application (ex. 2009):

Have you been part of the service cap in previous years? Yes No

PROJECT BENEFIT – (NATIONAL OBJECTIVE)

To be eligible for CDBG funding, a project must qualify within one of the two following categories. Check the box next to the letter under which the project qualifies:

A - Located within low/mod target area

B* - Presumed benefit clientele

***IF YOU CHECKED THE BOX NEXT TO CATEGORY "B", THE FOLLOWING INFORMATION MUST BE PROVIDED:**

Is your program primarily designed to serve:

Elderly? Yes No Disabled? Yes No

Domestic Violence Shelter Yes No

Does your program have income eligibility requirements? Yes No

Total number of benefitting persons within service area: _____

Percentages of total low/moderate income as per HUD Census Tract of Block Group area data: _____ %
(see low/mod percentages table)

Data Source:

PROJECT OUTCOMES

Describe the specific benefits or improvements achieved by the participants and/or the community. Use measurable and specific outcomes to be used to monitor the project's progress. Discuss how these outcomes will be measurable and assessed:

CITIZEN PARTICIPATION

How has your organization provided for citizen participation in the preparation of your application?
Please provide the information below that applies to you:

Notice of Public Hearing

Minutes of meeting

Resolution adopted by Board

Did you conduct Public Hearings (*formally advertised and public comment*)?

Yes

No

If so, list dates and location of public hearings:

****Please attach the above documents with application.***

NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATION INFORMATION

Provide your DUNS number:

Are you proposing multiple projects this Fiscal Year?

Yes

No

If so, please list projects:

Do you plan to start this project in the current Fiscal Year?

Yes

No

If no, please provide projected start date, (*i.e. 2015, 2016*):

PROPOSED PROJECT BUDGET

ADMINISTRATION <i>(see instructions)</i>	TOTAL PROJECT <i>(including CDBG)</i>	AMOUNT CDBG PORTION <i>Only</i>
Salaries & Fringes	\$	\$
Supplies	\$	\$
Professional Services	\$	\$
Travel	\$	\$
Utilities	\$	\$
Insurance	\$	\$
Office Equipment	\$	\$
Other	\$	\$
Construction	\$	\$
Engineering & Design	\$	\$
Land Acquisition	\$	\$
Planning Activities	\$	\$
TOTAL PROJECT COST	\$	\$

COMMITTED FUNDS

Identify sources and amounts of committed funds for current program year for this project.

Identify whether the source was from Federal, State, Local, or Inkind by selecting the correct option under "Source":

SOURCE

FUNDING AMOUNT

FISCAL YEAR

INFORMATION FOR 2015-2016 HUD ANNUAL PLAN ACTION PLAN:

Please provide the number of people (or housing units, businesses, etc.) anticipated to be served if awarded the full amount of your grant request.

TYPE OF ACCOMPLISHMENT

People (General)

Youth

Elderly

Households

Elderly Households

Disabled

Businesses

Non-Profit Organizations

Public Facilities

Square Feet

ATTACHMENTS/SUPPLEMENTAL DOCUMENTS:

Public Hearing Notice

501(c)3 Determinations Page

Resolutions

Certificate of Good Standing from the State of Michigan (LARA)

Meeting Minutes

Most Recent Audit

Map with location of project clearly indicated

Organizational Chart

Documentation of Historic Designation or Eligibility for Designation (*SHPO, 106 Application*)

List of Board of Directors

ALL APPLICABLE FIELDS MUST BE COMPLETED ON THIS APPLICATION.

If all information is complete please click the "Print" button or "Submit" Button below at the bottom of the application.

Please mail the requested information to:

Darrell Singleton, Manager
Kent County Community Development Department
82 Ionia Ave. SW
Suite 390
Grand Rapids, MI 49503-3036

PRINT

SUBMIT

FORKCCD STAFF:

Circle:

Project Eligibility Yes No

National Objective Yes No

Date of Determination

Approved by Community Development Manager