

2021 CDBG-CV Entitlement Program Application

CDBG-CV APPLICATION CHECKLIST

Please submit each section of the application, including this checklist:

- _____ **Attachment A: CDBG-CV Application**
- _____ **Attachment B: Budget – Service Programs**
Budget worksheet MUST match budget listed on the Application

Required documents for non-profit organizations:

- _____ **Verification of 501(c)3 Status**
- _____ **Agency Organizational Chart** to show how the proposed program fits into the overall organizational structure; include program staff or positions
- _____ **Most Recent Agency Operating Budget Summary**
- _____ **Most Recent Independent Auditors Report and identified findings** or, *if an Audit is not available*, the most recent 990 Financial Statement
- _____ **Complete list of Board Members**

Federal Suspension and Debarment Certification:

Federal Executive Order 12549 prohibits federal, state, and local public agencies receiving grant funding from contracting with individuals, organizations, or companies who have been excluded from participating in federal contracts or grants. The purpose of this certification is for the contractor/vendor to advise the City of Lewiston, Maine, in writing, of any current Federal Suspension and Debarment.

Debarment Certification. By signing and submitting a response to this competitive solicitation, I certify that this firm and its principals are not currently suspended or debarred by any Federal Department or Agency from participating in Federal Funded Contracts.

Authorized Signature of Applicant: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.

Signature of Authorized

Representative:

Typed Name and

Title:

Date Signed:

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ATTACHMENT A. APPLICATION		
Organization Information:		
Organization Legal Name:		DUNS #
Address:		
City:	State:	Zip Code:
CEO/Executive Director:	Name:	Title:
Telephone:	FAX:	Email:
Project/Program Information:		
Program Name:		
Location where activities will take place:	Address:	City:
Program Manager*:	Name:	Title:
Telephone:	FAX:	Email:
*The person identified here should be the person who is paid by CDBG and will report on the client demographics and goals.		
Program Name:		
Service Type:	<input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Food Assistance <input type="checkbox"/> Youth Services <input type="checkbox"/> Other	
CDBG-CV Type:	<input type="checkbox"/> Prevention of the Coronavirus <input type="checkbox"/> Preparation for the Coronavirus <input type="checkbox"/> Response to the Coronavirus	

Amount of CDBG-CV funds requested: \$ _____

Total program budget: \$ _____ (Please complete **Attachment A**)

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SECTION 1. HUD NATIONAL OBJECTIVE

1. Indicate which National Objective this program activity will address (choose one). Refer to National Objective description (p.2 of Application Guidelines) for additional information.

Low and Moderate Income Clientele (LMC): an activity which provides benefits to a specific group of persons of which at least 51% qualifies as LMI.

Does this activity benefit a population that HUD presumes to be low to moderate income, including *abused children, elderly persons, battered spouses, homeless persons, illiterate adults, severely disabled adults, persons living with AIDS, and migrant farm workers?*

No Yes (please circle appropriate population)

Low and Moderate Income Area Benefit (LMA): an activity *which is available to benefit all the residents of an eligible area/census tract.*

If you choose LMA, please provide a map and outline on the map the area that your program serves.

2. Beneficiaries

A. Describe the beneficiaries or clients served by the program.	A.
B. How many will be served by the proposed program? (unduplicated -per year)	B.
C. How many are <i>Lewiston Residents</i> ?	C.
D. How many are <i>low to moderate income residents of Lewiston</i> ? See income data on p.2 of the Application Guidelines	D.
E. What percentage of total clients are low to moderate income residents of the Lewiston? (<i>To calculate = D/B * 100; Must be > 51%</i>)	E.

3. Documentation

A. How will the beneficiaries' information be collected and documented?	A.
A. What documentation will be used to prove the funds are going to the prevention, preparation or response to the Coronavirus?	B.
C. How will the units of service be tracked and documented?	C.
D. How will the outcomes be measured, collected, and documented?	D.

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SECTION 2. PROGRAM DETAILS

- 1. Provide a clear, detailed description of the program. Is this a new program or an expansion of an existing program?**
- 2. Describe the need for the program in the community, how this need relates to the Coronavirus, and why the CDBG-CV funds are essential to address this need.**
- 3. Describe the staffing plan and qualifications (such as, education, training, or experience) of the staff members who will manage the project and provide the services.**
- 4. Describe the Program's readiness to proceed, including steps that have been completed or must be completed to initiate project and the program's timeline (including earliest possible start dates, end dates, and milestones as applicable).**
- 5. Explain the budget and expenses for the program by indicating exactly what and who the CDBG-CV funds will pay for in this program. (*Budget worksheet MUST match budget listed on the Application*)**