

# Application Checklist

---

The following must be included as part of your application. It will be noted where materials or responses are optional or applicable only under certain circumstances.

## EXHIBITS TO APPLICATION FOR CDBG ASSISTANCE

**The following documentation must be submitted with all requests.**

- Resolution, minute action, or other documentation indicating the governing body authorizes the submission of the application.
- A list of current and immediate past members of the Board of Directors.
- Certificate of Incorporation under authority of the State of Texas.
- Articles of Incorporation.
- If applicable, State Tax-Exempt Certificate, and/or IRS Letter of Designation as 501 (c)(3).
- Current fiscal year's financial statement.
- Proposed operating budget for grant period.
  - If applicable, documentation of commitment letters from other funding sources.
  - Documentation of quotes or proposals for cost of project.
  - Timeline for completion of project.
- Most current fiscal year's audit report.
- List of key personnel and their major responsibilities.
- If applicable, a history of CDBG funding.

<b>Project/Program Title</b>	
------------------------------	--

**Part 1 – Applicant Information**

Applicant			
Tax ID Number		DUNS Number	
Type of Organization	<input type="checkbox"/> Nonprofit <input type="checkbox"/> Government <input type="checkbox"/> CBDO <input type="checkbox"/> Faith-Based <input type="checkbox"/> Private for-profit		
Application Contact Name		Title	
Telephone		Fax	
E-mail Address			
Project/Program Address			
Type of Project	<input type="checkbox"/> HOUSING acquisition, rehabilitation, conversion <input type="checkbox"/> PUBLIC SERVICE Social service assistance, community event, operational costs of a service or program <input type="checkbox"/> PUBLIC FACILITY Acquisition, new construction, rehabilitation of a facility where a public service or program will be located <input type="checkbox"/> ECONOMIC DEVELOPMENT Job creation/retention <input type="checkbox"/> OTHER		
Brief Description of Project			
Requested Funding			
Other Contributions			
Applicant Contributions			
Total Project Cost			
CEO/Director Name			
Telephone		Title	
E-mail Address		Fax	
Signature			

## Part II – Application Narratives

### Section 1 – Program Design

Provide a concise description of the proposed activity. *A more detailed description may be provided in Appendix A.*

Describe the facility where services will be offered or the facility to be improved or constructed.

What hours will the services be provided or what hours will the facility be open to the public?

CDBG grant funds are paid out to subrecipient organizations on a reimbursement basis only. Describe how the organization will cover costs of the project expenses up front.

Does your organization currently employ staff qualified and experienced in undertaking similar projects, or will additional staff or workload reassignments be required?

Describe how the facility where services will be offered, or the facility to be improved or constructed, will be accessible to the elderly and persons with disabilities.

Describe any program modifications or accommodations that will be made available to persons with disabilities.

What languages will services be offered in? What languages are spoken by the staff at the facility?

**Section 2 – Need and Justification**

What is the need that your proposed activity meets?

Who are the intended beneficiaries of the activity?

Describe the level of need and documentation that supports the unmet need.  
*Please be brief. Additional narrative and supporting documentation may be attached in Appendix B.*

How will the activity meet the identified need and serve the intended beneficiaries?

Are there similar services being provided by other agencies or agencies that serve the same population? If yes, please describe how your activity is necessary.

Is this a service that you are currently providing or a facility you currently operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Is this a service that you are currently providing? If so, please describe how additional funding would increase the level of service, preserve an increased level of service, or serve a currently underserved population or area.

If this is an improvement to or construction of a public facility, please describe how this will increase or preserve the capacity of the facility, or serve a currently underserved population or area.

**Section 3 – Community Benefit**

When answering the following questions, please refer to the income limits table provided in the applicant information packet. The percentages should reflect the percent of the total. If the proposed service is currently being provided or the facility is currently being operated, please complete the table on the following page.

For the service or public facility to be funded under this request, for a period of one year October 2016–September 2017.	Total	
	Number	Percent
How many unduplicated persons are expected to benefit?		100%
How many are expected to be low income? ≤ 80% AMI		
... very low income? ≤ 50% AMI		
... extremely low income? ≤ 30% AMI		

<p><b>If a service</b>, will it be limited to a specific area? If yes, please describe the area and how the service will be limited to that area.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>If a public facility</b>, will the improvements or construction primarily benefit a neighborhood or are they of contiguous neighborhoods? If yes, please describe the area, attach a letter-sized map, and describe how the benefit will be limited to that area.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Has this service been continuously provided or facility continuously operated? If yes, what year was it first provided or operated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Please indicate if you are serving one or more of the identified special needs populations. Please see the definitions provided.</p>	<input type="checkbox"/> Abused/neglected children <input type="checkbox"/> Elderly persons (62+) <input type="checkbox"/> Battered spouses <input type="checkbox"/> Severely disabled adults <input type="checkbox"/> Illiterate adults <input type="checkbox"/> Persons living with HIV/AIDS <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Homeless persons
---	---

<p>Will the proposed activity assist the chronically homeless? If yes, please describe how.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Will the proposed activity serve to prevent homelessness? If yes, please describe how.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the methods used to document the number and income of the persons who benefit from your service or facility. Attach past reports and samples of any written tools you use to collect information.

Indicate the beneficiary information you currently collect, compile, and report.

- Income
- Persons in the household
- Gender
- Race
- Hispanic ethnicity
- Elderly
- Disabled
- Female head of household
- Homeless

Complete the following table only if the proposed service is currently being provided or the facility is currently being operated.

For the service or public facility to be funded under this request, for a period of one year October 2015–September 2016. (Projected.)	Total	
	Number	Percent
How many unduplicated persons are expected to benefit?		100%
How many are expected to be low income? $\leq$ 80% AMI		
... very low income? $\leq$ 50% AMI		
... extremely low income? $\leq$ 30% AMI		
For the service or public facility to be funded under this request, for a period of one year October 2014–September 2015.	Total	
	Number	Percent
How many unduplicated persons benefited?		100%
How many persons were low income? $\leq$ 80% AMI		
... very low income? $\leq$ 50% AMI		
... extremely low income? $\leq$ 30% AMI		
For the service or public facility to be funded under this request, for a period of one year October 2013–September 2014.	Total	
	Number	Percent
How many unduplicated persons benefited?		100%
How many persons were low income? $\leq$ 80% AMI		
... very low income? $\leq$ 50% AMI		
... extremely low income? $\leq$ 30% AMI		

**CERTIFICATIONS**

1. The applicant hereby certifies that it possess the legal authority to make a grant submission and to execute a subsequent funding agreement with the City of Amarillo. Applicant also certifies it has not been suspended, disbarred or prohibited from receiving federally assisted contracts.
  
2. The applicant hereby certifies that its governing body has adopted or passed as an official act, a resolution, motion or similar action, authorizing the person identified as the official authorized to submit the application for assistance.
  
3. The applicant hereby certifies that its governing body assures that the projects or activities to be assisted with Community Development Block Grant or HOME Investment Partnership Program funding will be implemented and administered in compliance with the regulations and other applicable federal requirements.
  
4. To the best of the applicant's knowledge, no federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress in connection with the awarding of any federal contract related to this project.
  
5. The applicant hereby certifies that no officer, employee, or agent of the City of Amarillo or the applicant, who exercises any responsibilities with respect to the requested project, has any personal financial interest, direct or indirect, in the requested project.
  
6. The applicant hereby certifies that the agency will comply with the 2016-2017 Grant Application Handbook.

---

Typed Name and Title

---

Signature of Authorized Official Date