Community Development Block Grant (CDBG) Application for Public Service Funding

Name of Program/Activity: ________________________________

Name of Organization Applying: ________________________________

Organization Address: ____________________________ City: ____________________________

State/Zip: ____________________________

Federal ID: ____________________________ DUNS Number: ____________________________

 SAM.GOV Registration (Non-profits must be registered at Sam.gov in order to receive federal funding), circle: YES / NO

Contact Name/Title: ________________________________

Phone: ____________________________ Email: ________________________________

Program Location/Address: ________________________________

Amount of Request: $__________________________

 Please check the box for the specific activity for which funds are requested. You may select more than one activity.

☐ Youth Services ☐ Services for Persons Experiencing Homelessness
☐ Operations of a Homeless Shelter/Transitional Housing ☐ Senior Housing/Assisted Living
☐ Victims of Domestic Violence ☐ Housing Counseling
☐ Employment Training & Placement Nutrition Programs/Access to Food
☐ Homelessness Prevention ☐ Behavioral Health Services
☐ Homelessness Prevention
☐ Other: ________________________________

1. Organization Overview: Include a brief history and your mission. Describe your beneficiaries, goals, programs, outcomes and achievements, organizational budget, and current funders.

2. Project Description: Include Statement of Need, Proposed Solution, Project Activities, and Timeline.

For more information regarding this application, please contact: Bethany Rosa, CDBG Program Manager, at: B Rosa@revere.org
3. Identify the targeted population that you propose to serve.

4. Will you _exclusively_ serve special needs populations (i.e., disabled, senior citizens, or homeless)?  YES / NO

5. Describe how many households, families and/or individuals will receive services under this program/activity that reside in the City of Revere.

6. How will your organization market this program?

7. Who will administer the project? What is the experience of the person(s) responsible for administering the project/program?

8. Has your organization ever been cited for misuse of Federal, State, or Local funds?  If yes, please explain:

9. Will the project/program generate any income or return of funds through sale, rent, fees, loans, or other means?  If yes, explain:

10. If you do not receive 100% of your funding request, (1) what program modifications will you make and (2) what other funding sources will your pursue?

11. Check the appropriate response: Per subpart F of 2 CFR 200 Audit Requirements, I further certify that my agency does___ does not ___ expend Federal Funds at the threshold of $750,000 annually.  If yes, please provide a copy of the Single Audit along with your completed application.

**Please attach with application: Budget associated with this request; include the following if appropriate: administrative costs, salaries, supplies, rent, overhead costs, contractual obligations, etc.

_I certify that submission of this application is duly authorized by the governing body of the applicant and that all information contained in the application, to the best of my knowledge, is true and accurate. I understand that awards are made on a competitive basis, and the City of Revere may award an amount less than requested. I understand the City of Revere has no obligation to make a grant or loan to an applicant._

________________________________________  ______________________________________
Chief Executive Officer Signature           Printed Name

Date: ________________________

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