

**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.

- | | |
|--|---|
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Services for Persons Experiencing Homelessness |
| <input type="checkbox"/> Operations of a Homeless Shelter/Transitional Housing | <input type="checkbox"/> Senior Housing/Assisted Living |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Housing Counseling |
| <input type="checkbox"/> Employment Training & Placement | <input type="checkbox"/> Nutrition Programs/Access to Food |
| <input type="checkbox"/> Homelessness Prevention | <input type="checkbox"/> Behavioral Health Services |
| | <input type="checkbox"/> 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:
BRosa@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 you 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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