

**COMMUNITY DEVELOPMENT**

**BLOCK GRANT (CDBG) PROGRAM**

**CARLISLE BOROUGH**

**Plan Year: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Organization:

 \_\_\_\_\_\_\_\_ Municipal Government

 \_\_\_\_\_\_\_\_ Private Non-Profit - 501(c)(3) or 501(c)(4)

 \_\_\_\_\_\_\_\_ Private For-Profit

 \_\_\_\_\_\_\_\_ Community Housing Development Corporation (CHDO)

 \_\_\_\_\_\_\_\_ Other

Applicant’s Chief Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Contact Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s UEI Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Federal Employer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Project:

 \_\_\_\_\_\_\_\_ Acquisition of Property

 \_\_\_\_\_\_\_\_ Rehabilitation of Housing Units (Single-Family)

 \_\_\_\_\_\_\_\_ Rehabilitation of Housing Units (Multi-Family)

 \_\_\_\_\_\_\_\_ Construction of Housing Units

 \_\_\_\_\_\_\_\_ Public Facility (such as community center, recreational facility, streets, streetscape, curbs and sidewalks, water, sewer, and storm water systems)

 \_\_\_\_\_\_\_\_ Public Service (such as counseling, service coordination, crime prevention, recreational programs, and training programs)

 \_\_\_\_\_\_\_\_ Economic Development, Direct Assistance to a For-Profit Entity (such as loans and grants to businesses for acquisition, renovations and rehabilitation, equipment and working capital)

 \_\_\_\_\_\_\_\_ Removal of Architectural Barriers (such as curb cuts, ramps, and accessibility improvements)

\_\_\_\_\_\_\_\_ Removal of a Blighting Influence (such as rehabilitation, demolition, or clearance)

\_\_\_\_\_\_\_\_ Code Enforcement in an LMI Revitalization Area

Which of the following national objectives is the proposed project intended to achieve?

 \_\_\_\_\_\_\_\_ Benefit principally low-to-moderate income (LMI) persons

 \_\_\_\_\_\_\_\_ Prevent or eliminate a condition of slum or blight

If the national objective is to benefit principally LMI persons, how will LMI status be determined in order to meet that objective?

\_\_\_\_\_\_\_\_ Area-Wide Project (51% or more of residents of the designated service area are LMI as established by census data or survey)

\_\_\_\_\_\_\_\_ Service or benefit will be limited to those who are required to document that they are LMI

\_\_\_\_\_\_\_\_ Service or benefit will be limited to those who are in a class of persons who are presumed to be LMI (disabled adults, elderly, homeless, abused children, battered spouses, etc.)

\_\_\_\_\_\_\_\_ Service is of such a nature and in such a location that it may be reasonably presumed that beneficiaries will be primarily LMI persons

Is the proposed project a continuation of a project currently supported with CDBG funds?

 \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

The anticipated project start date is \_\_\_\_\_\_\_\_\_\_\_\_ and the completion date is \_\_\_\_\_\_\_\_\_\_\_\_

Amount of funding requested on this application:

 Personnel Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Non-Personnel Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other funds available for this project (please provide source and amount):

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total project cost (amount requested + other available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT NARRATIVE** *(attach additional pages as needed)*

Please provide a general description of the project activities.

Please describe the unmet critical need this project will address.

Describe the problem or need for the project and how the project addresses one of needs identified in the Consolidated Plan.

Please share how the project will have an identifiable and measurable impact on the need; include a description of the anticipated outcomes.

**Return completed application to:**

**Mikayla Kitchen**

**Assistant Director of the Redevelopment Authority**

**114 N Hanover Street**

**Carlisle, PA 17013**