



PROPOSAL NO. \_\_\_\_\_  
(For City Use Only)

**APPLICATION FOR FUNDS  
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
July 1, 2001 through June 30, 2002**

1. Agency Requesting Funding \_\_\_\_\_
2. CDBG Request \_\_\_\_\_
3. Project Title \_\_\_\_\_
4. Project Address \_\_\_\_\_
5. IF THE REQUESTED PROJECT IS A SERVICE (including but not limited to employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare, homebuyer downpayment assistance, or recreational needs), IT MUST BE EITHER A NEW SERVICE OR A QUANTIFIABLE INCREASE IN THE LEVEL OF AN EXISTING SERVICE ABOVE THAT WHICH IS ALREADY BEING PROVIDED. Please indicate if it is a new service, or if it is an increase in an existing service, describe how it qualifies as an increase in 200 words or less. NOTE: If your project was funded by CDBG funds last year, and you are requesting continuation funding you do not need to prove that it is a new service or that it is an increase in an existing service.

**AGENCY INFORMATION**

**LIMIT RESPONSES TO THE SPACE PROVIDED AND ATTACH ADDITIONAL INFORMATION WHERE REQUESTED**

6. Describe the agency's mission.

7. Organizational Chart and Board of Directors (**attach to application, label as Attachment to Question 7**) Please include a copy of the organization's most recent audit report.

8. Mailing Address (include city and zip) \_\_\_\_\_  
\_\_\_\_\_

9. Project Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_  
Fax \_\_\_\_\_ email address \_\_\_\_\_

10. Year Incorporated \_\_\_\_\_ 501c(3)? Yes  No  Taxpayer Identification No. \_\_\_\_\_

11. Major Sources of Agency Funding (please list) \_\_\_\_\_  
\_\_\_\_\_

12. Agency's Authorized Signee (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

## PROJECT DESCRIPTION

### LIMIT RESPONSES TO THE SPACE PROVIDED IN THE APPLICATION

13. MEETING A CDBG NATIONAL OBJECTIVE (Mandatory)

All proposals must either primarily benefit low/moderate income persons, or prevent or eliminate slum or blight. Please check the appropriate box that applies to your project.

#### LOW INCOME

Client Based (means the clients you propose to serve have documentable incomes less than 80% of median) Briefly describe your plan for identifying/admitting clients and verifying their incomes.

Special Needs Population (appropriate when clients are abused children/adults, the elderly, homeless or persons with severe disabilities) Please describe your special needs population.

Area Based (where 51% of residents in area served have low/moderate income). Please describe your geographic area – include a map with this area defined. **Label as Attachment to Question 13.**

#### SLUM/BLIGHT

Slum or Blight Please describe your project in a one-page **attachment labeled "Slum-Blight Attachment"**

#### 14. PROJECT OVERVIEW

Briefly, in 200 words or less, describe the proposed project:

#### 15. PROJECT SERVICE DESCRIPTION

Describe the project services that will be offered if this application is funded.

#### 16. PROJECT IMPACT

Describe the proposed community impact of the project. Answer the question: How is the community better because of this project:

## 17. PROJECT OUTCOMES / OBJECTIVES

Define the project measurable outcomes and objectives, be specific.

## 18. TARGET POPULATION

Describe the client target population for the project, and specify if those being served meet any of the funding priorities as specified in the CDBG 5-year plan. State the number of persons who will directly benefit from this project in a year's time.

## TRACK RECORD / CAPABILITY

### 19. History with CDBG funded projects

List the two (2) most recent Lexington-Fayette Urban County CDBG funded projects sponsored by your agency. If your organization has not received any CDBG funds from the LFUCG, please indicate that you have not.

| CDBG FUNDED PROJECT NAME | FISCAL YEAR & AMOUNT | DATE COMPLETED | RESULTS ACHIEVED |
|--------------------------|----------------------|----------------|------------------|
|                          |                      |                |                  |
|                          |                      |                |                  |

### 20. ORGANIZATIONAL CAPACITY

Please describe the applicant's experience in designing and successfully implementing the type of project proposed in this application. Describe any state licensure requirements, facility locations, building permits, etc.

## 21. OPERATING PLAN FOR THREE YEAR PERIOD

Describe budgetary needs for the next three years, with the assumption that no CDBG funds will be available to fund this project after the current year's funding. Please describe the other revenues that will be used to support this program on an ongoing basis. Please indicate if there is a written commitment of these funds.



## SCHEDULE B – SOURCES OF PROJECT FUNDS

To complete the schedule, list all sources of project funds below. Indicate whether they are firmly committed or tentative. All non-CDBG project funds require written verification submitted with the proposal. Unverified sources will not be counted as committed.

The total CDBG funds and non-CDBG funds must be adequate, as determined by LFUCG stagg, to complete the project. Projects that are financially infeasible will not be considered for funding. Attach the letters of financial commitment to the proposal and label **Attachment(s) Schedule B: Sources of Project Funds**.

| PROJECT FUNDING SOURCES   |                |  |                            |  |                                 |                                      |                |
|---|----------------|--|----------------------------|--|---------------------------------|--------------------------------------|----------------|
| Source  | Cash Resources |  | Value In-Kind Contribution |  | Firm Commitments (please check) | Tentative Commitments (please check) | Date Available |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
|   | \$             |  | \$                         |  | <input type="checkbox"/>        | <input type="checkbox"/>             |                |
| <b>TOTAL</b>  | \$             |  | \$                         |  |                                 |                                      |                |
| Community Development Block Grant funds represent % of the total project. |                |  |                            |  |                                 |                                      |                |