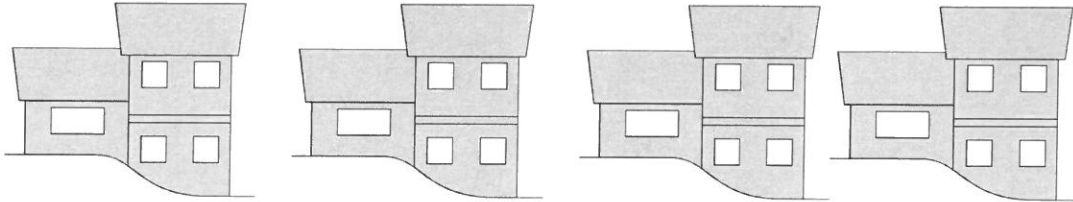


MUST SUBMIT ONE ORIGINAL COPY

CITY OF CONNELLSVILLE
2020 or 2020 Covid
COMMUNITY DEVELOPMENT BLOCK GRANT PROPOSAL



CDBG - PUTTING IT TOGETHER IN AMERICA'S NEIGHBORHOODS

I THE APPLICANT (Please fill in as much information as is applicable)

- a. Legal Name of Applicant: _____
- b. Official Mailing Address: _____
- c. Telephone Number: _____
- d. Executive Director: _____
- e. Date of Incorporation as a 501(c)(3): _____
- f. Contact Person and title (if other than above): _____
- g. Address and Telephone Number (if other than above): _____

E-Mail address of contact person _____

List all Community Development Block Grant (CDBG) and any other funding received from the City of Connellsville for the past three years. List each grant and amount separately (DO NOT COMBINE):

<u>Year</u>	<u>CDBG Grant Amount</u>	<u>Other City Grant Amount (specify grant)</u>
<u>2019</u>	_____	_____
<u>2018</u>	_____	_____

<u>2017</u>	_____	_____

II THE PROJECT

- a. Amount of Community Development Funds requested: \$ _____
- b. Total Project Cost: \$ _____

PLEASE PROVIDE AS MUCH DETAIL ON YOUR PROJECT AS POSSIBLE

c. **Project Description:**

Please describe only the activities that you will undertake with the funds you are requesting in this application. You should include the following information: type of activity, such as public service, housing, building renovations, etc.; description of clients being served, such as youth, the elderly, homeless, etc.; and area of the City you will serve with your proposed activities. Please indicate what percent of your clients resides within the City of Connellsville. For renovation projects, you should attach a cost estimate. Please note that any consulting services, such as architectural, engineering, etc. paid for with CDBG funds must be competitively bid. Also, Davis-Bacon Wage Rates (union scale) must be paid for all construction projects.

d. **Benefit:**

Community Development Block Grant funds are intended to serve primarily low and moderate income persons. Describe how low and moderate income persons benefit directly from the project and how you will verify that your clients meet the CDBG income guidelines. If your activities are designed to improve the general environment of your community, please indicate what Community Development Block Grant eligible neighborhoods you will serve. A Community Development Block Grant eligible neighborhood is an area where at least 51% of the residents can be classified as low and moderate income.

e. **Outcomes:**

Please summarize why the proposed activity is needed and what outcomes will be achieved from the proposed project or program. Outcomes are the changes you expect to occur in clients' lives and/or the community as a result of the proposed activity. A complete statement includes output (quantified) + outcome (from categories above) + activity (description) + objective.

Examples: 52 households will have new access to public sewer for the purpose of creating a suitable living environment.

7 households have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing

50 persons have access to new jobs through extension of a water line to a business for the purpose of creating economic development.

f. Estimate the number of persons to be served by the project: _____

g. What percentage of these persons are City residents (verification of residency will be required): _____

h. Do you serve handicapped individuals? _____
If yes, is your building handicapped accessible? _____
If not accessible, how do you make your services available to the handicapped?

- i. Project Budget: Complete the following budget form for the project by line item:

***IMPORTANT:** The City of Connellsville cannot evaluate the application without a complete budget.

THIS SECTION MUST BE COMPLETED
PLEASE BE AS SPECIFIC AS POSSIBLE

<u>Budget Item</u>	<u>Amount of CDBG Funds Requested</u>	<u>Explanation of Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

Name of Person Completing Application: _____

Signature: _____

Date: _____

Please note that in order for your organization's proposal to be considered for funding, all sections of the application (including attachments) must be completed. Submit an **original** of this application along with all the required attachments and any applicable brochures or printed information about the organization or project to:

Redevelopment Authority of City of Connellsville
Mayor of Connellsville
124 West Crawford Avenue
Connellsville, PA 15425

All applications must be submitted to the Redevelopment Authority of City of Connellsville on or before **3:00 p.m., Monday, June 22, 2020.** A postmark date does not meet the deadline.

APPLICATION CAN BE EMAILED