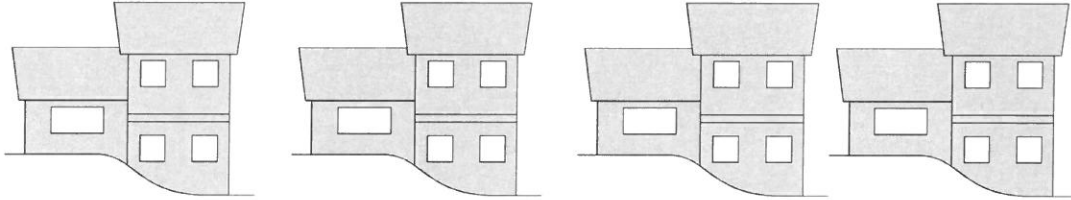


MUST SUBMIT ONE ORIGINAL COPY

CITY OF CONNELLSVILLE
2018
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>2017</u>	_____	_____
<u>2016</u>	_____	_____
<u>2015</u>	_____	_____

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 in Redevelopment Authority of City of Connellsville on or before
3:00 p.m., Monday, August 27, 2018. A postmark date does not meet the deadline.

APPLICATION CANNOT BE EMAILED-WE NEED THE ORIGINAL SIGNATURE ON ONE COPY.