

COMMUNITY DEVELOPMENT BLOCK GRANT/HOME PROGRAMS
APPLICATION TO OPERATE AN ACTIVITY FOR THE 2010-2011 YEAR

NOTE: This form is to be used where the applicant wishes funding to **OPERATE** a public service or other eligible activity. A separate form is available for applications concerning rehabilitation activities.

Project Name: _____

Sponsoring Agency: _____

Mailing address: _____

Contact Person: _____

Address for project location (if different than mailing address): _____

Phone Number: _____ Fax No.: _____

Project Period: From _____ To: _____

Email address: _____

Project Summary: THIS IS ONLY A SUMMARY AND SHOULD NOT BE MORE THAN THIS SECTION THEREFORE, MAKE IT BRIEF (A full description can be provided on next page)

State the purpose of the project, including how the project will benefit lower-income persons or households and how many such persons or households will be served. Present any demographics or other pertinent data that substantiate need.

APPLICATION TO OPERATE AN ACTIVITY, PAGE 2 –

Describe the activities to be conducted under the project.

Will the project provide for the continuation of an existing service, an increase to an existing service, or a new service?

Project Funding Sources (include program/agency name where appropriate)

Proposed CDBG/HOME Request	\$ _____
Private _____	\$ _____
Local City _____	\$ _____
County _____	\$ _____
State _____	\$ _____
Other Federal _____	\$ _____
TOTAL PROJECT FUNDING	\$ _____

Specify whether commitments have been received from the other funding sources listed. Indicate any other sources you have contacted for funding. Include copies of any letters of denial.

APPLICATION TO OPERATE AN ACTIVITY, PAGE 3 –

Proposed Budget – All Funding Sources

Salaries & Wages ** \$ _____

Fringe Benefits \$ _____

Contractual Services \$ _____

Travel \$ _____

Supplies (give detail):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Supplies \$ _____

Equipment (give detail):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Equipment \$ _____

TOTAL BUDGET (Amount should equal total under
Project Funding Sources, p.2) \$ _____

** Attach an additional sheet providing the title, annual salary, job description, and percentage of time on activity.

Signature & Title of Agency Representative

Date