

## APPLICATION FOR CDBG-FUNDED ACTIVITIES

**Please complete & submit all forms to:**  
 CDBG Grants Administrator (Planning & Zoning Counter)  
 City of Prescott, 201 S. Cortez Street, Prescott, AZ 86303

**Deadline: 12:00 p.m., February 24, 2016**

*(The City of Prescott does not accept e-mailed or electronic submissions)*

<b>CDBG Program Year:</b>		
<b>Name of Organization:</b>		
<b>Contact Person:</b>		
<b>Contact Person Title:</b>		
<b>Mailing Address:</b>		
<b>Street Address:</b>		
<b>Phone:</b>		
<b>E-mail:</b>		
<b>Website Address:</b>		
<b>Legal Status of Applicant</b>	Applicant must be a 501c(3) non-profit in good standing with the corporation commission, and registered with Dun and Bradstreet with a DUNs number. Please attach a current certificate of good standing  Tax ID# _____  DUNs # _____	
<b>Drug Free Policies</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Fair Housing Policies</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Procurement Policies</b>	<input type="radio"/> Yes	<input type="radio"/> No
<b>Equal Employment Opportunity Employer</b>	<input type="radio"/> Yes	<input type="radio"/> No

## PROJECT DESCRIPTION

<b>Proposed Project Title</b>			
<b>Check all applicable CDBG National Objective(s): at least one must apply</b>			
<input type="checkbox"/> Benefit to low and moderate income persons or Clientele (LMI, LMC)			
<input type="checkbox"/> Aid in the prevention or elimination of slums or blight			
<input type="checkbox"/> Meet a need having a particular urgency (referred to as urgent need)			
<b>Check applicable priority areas that the project addresses:</b>			
<input type="checkbox"/> Public safety services	<input type="checkbox"/> Fair Housing		
<input type="checkbox"/> Service for senior and or disabled	<input type="checkbox"/> Affordable Housing		
<input type="checkbox"/> Service for homeless persons	<input type="checkbox"/> Sustainable housing (repairs, energy or water conservation, ADA accessibility)		
<input type="checkbox"/> Counseling and/or treatment centers	<input type="checkbox"/> Education, job training		
<input type="checkbox"/> Other ( Please describe)			
<b>Describe the existing problem or need to be addressed by proposed project:</b>			
<b>Project Location and Service Area. Describe the area to be served by the project. (if possible, attach a map).</b>			
<b>Targeted population or demographic.</b> <i>(ex: low-income, abused women and children, etc.):</i>			
<b>Proposed Measurable Outcomes – Please provide an outcome statement to be achieved with the use of CDBG funding:</b> <i>(ex: the fair housing workshop will provide information to twenty four low-moderate income persons)</i>			

## ORGANIZATIONAL CAPACITY

**Please describe organization's history and prior experience with grants, including a list of similar projects:** (Please attach extra sheets if needed)

**Please provide funding source references** (attach extra sheets if needed).

**Financial Audit and Reports**

(per CDBG/HUD requirements, a non-profit provider 501C(3) may be required to furnish a copy of its financial audit and report):

**Indicate yes or no**  
*If the answer is no, please attach an explanation on a separate page*

1) Are the financial statements of the organization prepared in accordance with generally accepted accounting principles?	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
2) Was there accurate and complete disclosure of the financial expenditures of each federally-sponsored program?	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
3) Was an audit of the financial records obtained annually (or at least biennially) in accordance with federal regulations and local requirements?	<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>

**Please furnish a copy of your most recent audit summary letter, and your income statement and balance sheet.**

## PROJECT MANAGEMENT DETAILS

Amount and source of other funds leveraged for this project (please submit documentation if applicable):	Source	Funding Year	Amount

**PROJECT SUSTAINABILITY:**

**1)** How will your organization’s project or service be impacted if CDBG funds are not awarded during the upcoming CDBG year or if the project is not fully funded?

**2)** Will your organization be able to implement the project with only partial funding? (Please explain)





## PROGRAM TEAM:

*(Please identify the name of the responsible parties and briefly note the experience that they have in this role. Team members identified after the application will need to be added. Attach extra sheets if necessary).*

<b>Is this a Collaborative Application with another Not For Profit Organization(s) or organized coalition?</b>		<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>
<b>If yes please list below the name of the primary Contact or Staff Member of the other Not for Profit Organizations.</b>			
Staff Member		Background and Expertise of Personnel	
<b>Name</b>			
<b>Title</b>			
<b>Contact info</b>			
<b>Name</b>			
<b>Title</b>			
<b>Contact info</b>			
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<b>Name</b>			
<b>Title</b>			
<b>Contact info</b>			

## REQUIRED CERTIFICATIONS FOR CDBG PUBLIC SERVICES ACTIVITIES APPLICATION

The signature of the non-profit 501c(3) Agency Representative with Binding Authority below certifies the following statements:

- The organization has no conflict of interest with the City of Prescott appointed or elected representatives under the provisions of ARS Title 38, Chapter 3, Article 8 regarding conflict of interest and exceptions thereto, and including the City of Prescott Procurement Code dated September 23, 2004.
  
- The organization will comply with federal requirements to be observed by organizations being funded with CDBG/HUD funds, including compliance with Federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, and Non-Discrimination; Section 109, Title VI and EO 11246. All requirements are described in 24 CFR 570 (CDBG Entitlement Grants).
  
- Sufficient supplementary funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the applicant.
  
- The authorized official's signature below certifies that this CDBG Application Package has been reviewed and all information provided in this application and any attachment(s) thereto are true and correct.

\_\_\_\_\_  
*Signature of Authorized Agent or Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Organization*