



**Community Development Block
Grant (CDBG)
Application for Public
Service Funding
Program Year 2020**

Applicant Entity: _____	Contact Person: _____
Address: _____	
Phone: _____	Email: _____

Please complete the following questionnaire about your project.

General Information:

1. Describe the activity for which you are requesting funding (attach an additional page if necessary):

2. Identify how your project will benefit limited clientele (*see resources section for guidance*):

3. Identify the location of the project (provide a map of the location of the project):

You must include location maps indicating the exact location of the proposed activity. If you are requesting funding for road or sidewalk improvements, please include a map and include the street addresses of households/businesses that will benefit from the improvement.

4. Total funding being requested: _____
5. Are you leveraging outside funding? If YES, please identify amount and source of funding:

6. Have you requested outside funding but not received notice of award yet? If YES, please identify source of funding and the amount requested:

7. Explain how the proposed activity is new or how it increases or expands an existing service:

8. Have you been funded by our allocation grant program before? If YES, what year(s)? _____

Resources:

Limited Clientele

- Exclusively benefit one of the following groups generally presumed to be principally LMI:
 - Abused Children;
 - Elderly Persons;
 - Battered Spouses;
 - Homeless Persons;
 - Severely Disabled Adults;
 - Illiterate Adults;
 - Persons with AIDS; and
 - Migrant farm workers.
- Serve to remove mobility or accessibility barriers to older or severely disabled adults. (*NOTE: the activity must be restricted to the extent practicable to remove such barriers. Otherwise, reconstructing or improving a public facility does not qualify as area benefit is not eligible as a limited clientele project.*)
- Reasonable assumption that the project’s nature and location will be used primarily by LMI persons.
- Require information on family size and income to document that at least 51% of the clientele are LMI persons. This includes activities that are restricted exclusively to benefit LMI persons.
- If limited clientele is chosen, you must provide the following documentation:
 - Show the project is designed to be used exclusively by a segment of the population presumed to be LMI;
 - Describe how the nature and the location of the project establish that it will be used predominantly by LMI persons;
 - Data showing each person’s family size and annual income that receive the benefit;
 - Data showing each mobility or accessibility barriers have been removed.

Proposed Budget for CDBG Funding Request

Applicant: _____

Proposed Project: _____

Project Cost:

Administration Costs	\$ _____
Operating Costs	\$ _____
Architect/Engineering Cost*	\$ _____
Other Cost (Please Detail)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Project Cost	\$ _____

Project Funding:

CDBG requested funds	\$ _____
Other funding sources:	_____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Project Cost	\$ _____

A letter from a Contractor or Architect/Engineer on their letterhead giving a brief description of the project, material quantities and cost estimates, and plans **MUST** be included with the application. If the project is for a construction related activity, the estimate must include the following statement: "This estimate is based on the Davis Bacon Federal Wages Listed for Medina County."

Please include location maps indicating the exact location of the proposed activity. If you are requesting funding for road or sidewalk improvements, please include a map and include the street addresses of households/businesses that will benefit from the improvement.

*** NOTE:** Applicants are responsible for the hiring of and payments to an Architect/Engineer of their choosing. CDBG funds **WILL NOT** to be used for this expense.

Authorization

The undersigned hereby represents that he/she is authorized by the community or agency named above to submit this request for CDBG funding to the Medina County Commissioners. All information contained herein is accurate. If CDBG funding is granted, the community or agency submitting this application agrees to comply with all CDBG, HUD, and Medina County regulations.

Printed Name

Signature

Title

Date

Applicants are required to complete all information as completely and accurately as possible to aid in the project review. Additional information may be submitted and attached. If additional information is required for review, the contact person named in this application will be asked to submit the additional information required.

Completed applications must be received by FRIDAY, APRIL 24, 2020 AT 4:30 PM, OHIO TIME.

Submit complete applications to:

Medina County Commissioners
c/o Robert Henwood, Director
Dept. of Planning Services
124 West Washington Street, Suite B-4
Medina, Ohio 44256

Phone: (330) 722-9292

Fax: (330) 764-8456

Email: rhenwood@medinaco.org

Questions can be directed to Sonja Pagniano or Robert Henwood, (330) 722-9219.