

COMMUNITY DEVELOPMENT BLOCK GRANT 2019 CITY OF POUGHKEEPSIE APPLICATION

Please review the application instructions to verify that your project is both eligible and competitive. A checklist is available at the end of the application to help confirm that your application is complete.

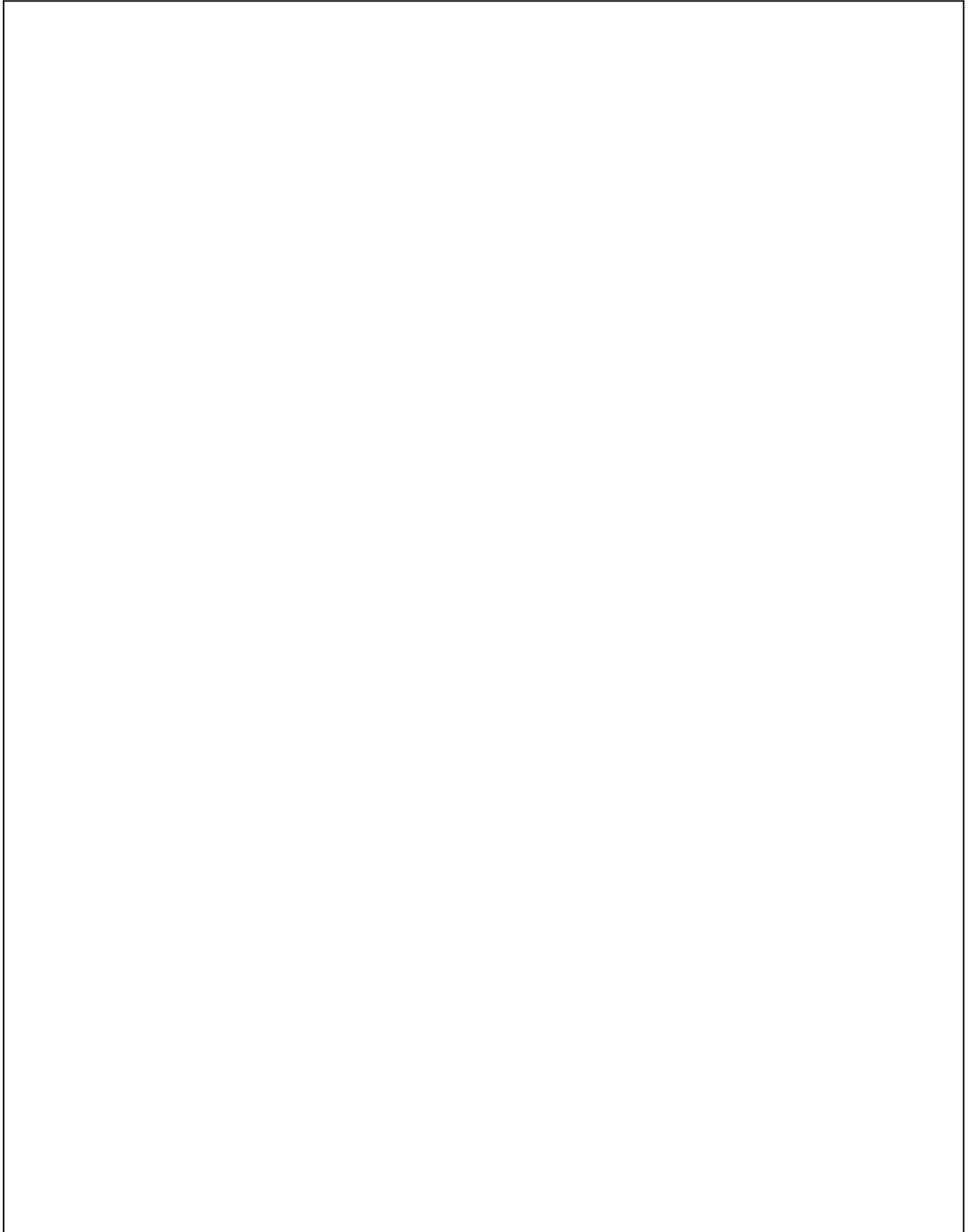
Agency Name					
Executive Director					
Street Address					
City		State	NY	Zip	
Contact Person		Contact Title			
Contact Email		Contact Phone			
Tax ID No.					
DUNS No.					
Plan Priority	Economic Development				
No. of Co-Applicants					
Funding Request					
Prior Funding Received					
Other Funding Sources & Amounts					

CERTIFICATION: I hereby certify that all of the information stated herein is true and accurate; I have read and understand the program policies and procedures; and I am authorized to submit this application on behalf of the applicant.

Check for Certification:

Name	
Date	

A. Activity Description: In the space below, describe your project and state specifically how CDBG funds will be utilized.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed description of their project and specify how CDBG funds will be utilized. The box occupies most of the page below the instruction.

B. Population Benefitted: Please indicate which objective will be met by your project by completing the following:

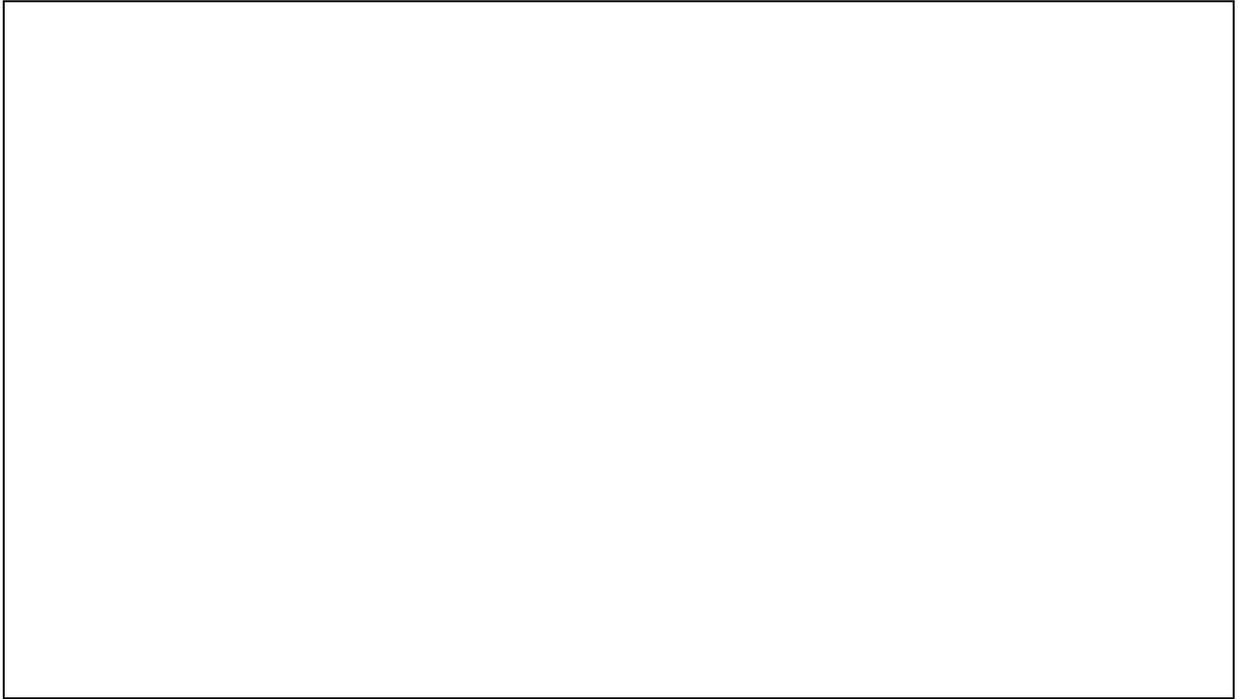
- Low/Moderate Area Benefit** (Activity that benefits all residents in an area where at least 51% of the residents are less than 80% of area median income)
- Low/Moderate Limited Clientele** (Children, senior citizens, victims of domestic violence, homeless individuals, disabled/handicapped individuals)
- Low/Moderate Housing** (Activity that provides or improves permanent residential structures, which will be occupied by low/moderate income individuals)
- Low/Moderate Employment** (Creation or retention of jobs where at least 51% will be held by low/moderate income individuals)

	2018 (If Applicable)	2019 (Proposed)
Total # of City Residents directly served by your agency.		
Total # of City Residents that have and/or will directly benefit by your agency's project.		
Total # of Low/Moderate Income City Residents that have and/or will directly benefit by your agency's project.		
Total # of Minorities that have and/or will directly benefit by your agency's project.		
Total # of Caucasian individuals that have and/or will directly benefit by your agency's project.		
Total # of Black/African American individuals that have and/or will directly benefit by your agency's project.		
Total # of Hispanic/Latino individuals that have and/or will directly benefit by your agency's project.		
Total # of American Indian or Alaska Native individuals that have and/or will directly benefit by your agency's project.		
Total # of Asian or Other Pacific Islander individuals that have and/or will directly benefit by your agency's project.		

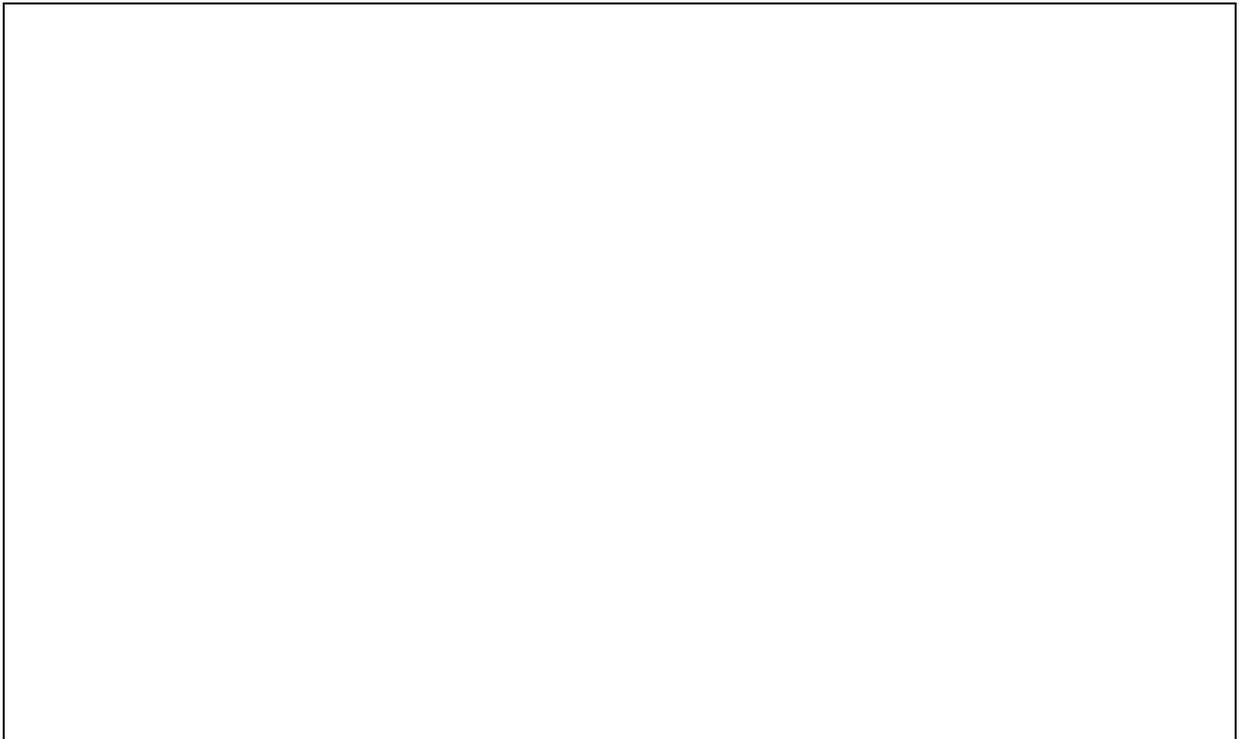
Total # of Chinese individuals that have and/or will directly benefit by your agency's project.		
Total # of Japanese individuals that have and/or will directly benefit by your agency's project.		
Total # of Korean individuals that have and/or will directly benefit by your agency's project.		
Total # of Filipino individuals that have and/or will directly benefit by your agency's project.		
Total # of Vietnamese individuals that have and/or will directly benefit by your agency's project.		
Total # of other Multi Racial individuals that have and/or will directly benefit by your agency's project.		

C. Project Objectives: In the space below, describe how your project will directly benefit low/moderate income city residents.

D. Project Monitoring: In the space below, describe how your Agency will monitor and track the benefits of your program to low/moderate income city residents.



E. Project Members/Staff: In the space below, list all of the members/staff of your Agency who will be directly involved in the project and indicate their titles and qualifications.



F. Project Status: Please indicate the current status of your Agency's project:

New

Existing

Expanded

If the Project or Program is existing, in the space below, please indicate how it will be adapted to meet the strategies outlined in the Consolidated Plan priority?

G. Total Project Budget: If you have a Budget in comparable format, you may submit that as an attachment or use the Expenditure Claim Form (Excel format) provided by the City.

EXPENSE ITEM	CD FUNDS REQUESTED	OTHER FUNDING SOURCES	TOTAL PROJECT COST
Salaries/Wages			
Fringe Benefits			
Contractual Fees			
Advertising Fees			
Program Supplies			
Office Supplies			
Fixed Costs (Utilities, Occupancy, Maintenance, Storage)			
Equipment Rental/Maintenance			
Program Transportation			
Insurance			
Telephone			
Other (Specify)			
Total Project Expenses			

I. Co-Applicants (if applicable):

Co-Applicant #1	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	
Co-Applicant #2	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	
Co-Applicant #3	
Contact Person	
Contact Person Title	
Contact Phone Number	
Contact Email	

J. Completion Checklist:

- Completed Application
- Attachment 1 – Budget in comparable format or use the Expenditure Claim Form (Excel format) provided by the City (if applicable);
- Attachment 2 – Schedule in comparable format (if applicable)

**Resolution Authorizing the Submission of the
2019 Community Development Block Grant Application**

Activity: _____

WHEREAS, the City of Poughkeepsie is participating in the 2018 Community Development Block Grant Consortium, and

WHEREAS, input from citizens and groups has been received and considered, and

WHEREAS, an application has been prepared which addresses our community concerns.

NOW, THEREFORE BE IT RESOLVED, that the 2018 application to the Community Development Block Grant Program for the City of Poughkeepsie, including the certifications therein, is approved.

BE IT FURTHER RESOLVED, that the submission of the application to the City of Poughkeepsie Community Development Department is authorized.

Motion Made By: _____

Seconded By: _____

Executed By: _____
(Authorized Official)

Date: _____