

PUBLIC FACILITIES/INFRASTRUCTURE PROJECTS

SUMMARY INFORMATION

GENERAL INFORMATION

Applicant Legal Name:	
Project Name:	
Amount of Funding Requested:	

PROJECT INFORMATION

Location of project:			
Goal(s) of the project (be specific and succinct):			
Priority need(s) the project will address (Consolidated Plan):			
Total number of people who will be served:		% below 80% AMI:	
Characteristics of people who will be served (i.e., youth, elderly, disabled, formerly incarcerated, homeless, etc.):			
Proposed use of requested funds (i.e., professional fees, construction, staff salaries, etc.)			
Total project cost:		Leverage (divide total funding from other sources by amount requested):	

CONTACT INFORMATION

Head of Agency Information	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	
Application Contact Information	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	

PROJECT DESCRIPTION

In the space below, provide a clear project summary that includes a description of the proposed project. Include the census tract number within which the project will be located (see Application Instructions).

PROJECT DESCRIPTION (cont.)

Explain how the amount of funding requested is justified, taking into account other available sources of funding for the project type. Explain how and when the cost estimates for the project were prepared. Provide the name, title, company name, and qualifications of the individual who prepared the cost estimates.

Is the proposed activity located in the Flood Hazard Area? Yes No

- If so, in the space below, describe how your plans for the project take this into account.

Does the project require coordination with, or the participation of, another entity or organization? If so, how will you ensure the project's successful and timely completion?

POPULATION SERVED & PROJECT IMPACT

Describe the population the project will serve, being sure to include income levels (i.e., 30% AMI, 50% AMI, 60% AMI, and 80% AMI), and any special needs characteristics (e.g., disabled, elderly, homeless). How has the project been designed to address the specific needs of this population?

Explain the project goal(s). How will each goal be measured and documented to confirm whether or not the goal has been met?

POPULATION SERVED & PROJECT IMPACT (continued)

Will your project advance the City's goal of ending and preventing homelessness? How?

Will your project advance the City's goal of moving people out of poverty? How?

ORGANIZATIONAL CAPACITY

Describe your organization's experience in successfully implementing projects of similar scope and comparable complexity to the proposed project.

Describe your staffing plan for the proposed project. Indicate what percentage of each staff member's time will be allocated to this project and how many other projects, in addition to the one proposed, each staff member will be responsible for. If you are requesting funds to pay for staff salaries, please explain how the proposed project will be impacted if full funding is not awarded.

PROJECT BUDGET

***** You must complete the Excel form that accompanies this document. *****

PROJECT SCHEDULE

Month	Specify Project Milestone/Actions Completed	Cumulative Amount of CDBG Funds Expended	% of Project Budget
November 2018			
December 2018			
January 2019			
February 2019			
March 2019			
April 2019			
May 2019			
June 2019			
July 2019			
August 2019			
September 2019			
October 2019			
November 2019			
	TOTAL:		

① Note: Assume contracts will be executed by NOVEMBER 1, 2018, so that funds may be drawn that month.

CERTIFICATION & SUBMISSION REQUIREMENTS

By checking this box and providing the following information, I certify the statements made in this application are true and correct, and I am authorized to submit this application on behalf of my organization.

Name	Date
Organization	Title/Role
E-Mail Address	Phone Number

Is your organization a 501(c)(3)? Yes No

Federal Tax ID: _____

DUNS #: _____

Required Attachments:

- Excel budget page(s)
- Resumés of key staff and/or consultants who will be responsible for this activity
- List of your organization’s current board members
- Architectural drawings, including site plan
- Copies of all environmental reports and related documents (e.g., SHPO review) completed to date
- Cost estimates prepared by a qualified third party (architect, engineer, etc.)
- Letter(s) of commitment from any individuals or entities (outside your own organization) whose participation is required for project completion
- Evidence of commitment for any funds indicated as “secured” in your project budget
- Most recent Form 990 or tax returns for the applicant entity

Optional Attachments:

- Letters of support
- Program materials (e.g., brochures, program guidelines, or outreach materials)

Submission Requirements:

- One (1) ORIGINAL of the complete application, including all attachments
- Twelve (12) double-sided 3-HOLE PUNCHED CLIPPED COPIES of the complete application, including all attachments except Form 990/tax return
- One (1) ELECTRONIC PDF COPY of the application, including all attachments, on a disc or a flash/thumb drive
- Complete application packages must be received by noon, February 28, 2018 at the following address:

Ithaca Urban Renewal Agency
3rd Floor, City Hall
108 E. Green Street
Ithaca, NY 14850

- Applications will be date- and time-stamped upon arrival. Applications received after the deadline will not be considered.