

## Application Checklist

Be sure to include all items requested on the Application Checklist:

Completed application packet

Application signed by authorized official

Three (3) copies of completed application

Proof of IRS 501(c)3 status (if applicable)

List of Organization's Board of Directors

Proof of registration and good standing with Louisiana Secretary of State

Copy of most recent financial audit

## Application Certification

- Organization has no conflict of interests with City-Parish appointed or elected representatives and do not employ City-Parish appointed or elected representatives of their families.
- Organization will comply with federal requirements to be observed by organizations being funded with HUD funds, including compliance with Federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, Non-Discrimination, FFATA, Section 109, Title VI and EO 11246.
- Authorized official certifies that this Application packet has been reviewed and all information provided in this application and attachments is true and correct.

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

**City of Baton Rouge – East Baton Rouge Parish  
HUD Funding Project Application**

**1. Organization Information**

Proposed Project Name/Title \_\_\_\_\_

Type of Funding Requested                      CDBG  
(Select One)

Amount of Funds Requested \_\_\_\_\_

Name of Organization \_\_\_\_\_

Executive Director/CEO \_\_\_\_\_

501(c)3 Status	Yes	No	Supporting Documents Attached
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DUNS Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

Website \_\_\_\_\_

Project Manager \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Organization	CDC	CHDO	CBDO
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**2. Organization History and Experience**

Using ONLY the space below, provide a brief history of the agency, including a description of the history, mission, services of the organization, description and experience of staff, and federal grant management experience:

[Empty response box for organization history and experience]

### 3. Project Details

Proposed Project Title: \_\_\_\_\_

#### *Project Location & Service Area*

In the space provided below, describe the location where the services are delivered as well as the geographic area(s) that are served:

#### *Program Beneficiary Population*

Select one or more to describe the population served by your project:

Low- to moderate-income population (individual household income will be demonstrated via documentation provided by beneficiary); OR

Presumed Benefit (check one or more below)

Battered Spouses

Homeless Individuals

Elderly Individuals

Abused Children

Persons Living with AIDS

Adults with Disabilities

#### *Beneficiary Goal*

How many UNDUPLICATED individuals will this program serve? \_\_\_\_\_

#### *Outcome Statement*

Please provide an outcome statement to be achieved through the use of federal funding:

\_\_\_\_\_ will receive \_\_\_\_\_

Number of Units Served

Type and amount of service

#### *Type of Activity*

(Check all that apply):

Senior Services

Domestic Violence Services

Health Services

Handicapped Services

Employment Training

Mental Health

Legal Services

Crime Awareness/Prevention

Homeownership

Youth Services

Fair Housing Activities

Rental Subsidies

Transportation Services

Housing Counseling

Food Banks

Housing

Neighborhood Revitalization

Child Care Services

Homelessness

Slums/Blight Reduction

Other

If "other" provide further detail: \_\_\_\_\_

**4. Project Description**

Using only the space below, describe the Scope of Work for the proposed project. Detail each service activity the program will undertake, describe the intake procedures, location and hours of operation, as well as the staffing and outreach plan:

[Empty text box for project description]

**5. Project Need**

In the space below, explain our community's need for this type of service and how the proposed project will address that need:

Do other organizations provide similar services that address the needs described above? How will the proposed project/program differ from similar programs?

**6. Project Goals and Sustainability**

If the proposed project is not awarded the full amount requested, how will the organization be able to implement the project with partial funding?

How will the organization be able to continue to provide these services if these federal funds are not awarded next year?

*Program Milestones*

In the space provided below, please outline the goals and milestones your organization will meet throughout the funding year. Include information such as the number of people served or units of service to be provided.

<b>Quarter of Activity</b>	<b>Activity/Action</b>
<b>Quarter 1</b>	
<b>Quarter 2</b>	
<b>Quarter 3</b>	
<b>Quarter 4</b>	

**7. Proposed Budget**

Use the chart below to detail the budget for the proposed project. Be sure to include other funding sources, if applicable, to demonstrate leveraging of funds/

Specific Cost Item/Description	Federal Funding Request	Other Funding Source	Other Funding Amount	Total Amount Federal + Other Source
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
Total Federal Funds Requested	\$	Total Program Cost (Federal + Other)		\$



**8. Budget Justification**

Please provide specific details as to how the requested amount for each line item was determined:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.