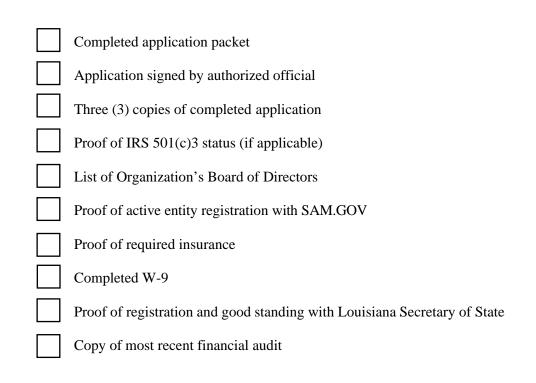
Application Checklist

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



Application Certification

- Organization has no conflict of interests with City-Parish appointed or elected representatives and does 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 CARES Project Application				
1. Organization Information				
Proposed Project Name/Title				
Amount of Funds Requested				
Name of Organization				
Executive Director/CEO				
501(c)3 Status	Yes No Supporting Documents Attached			
DUNS Number				
Tax ID Number				
Physical Address				
Mailing Address				
Phone/Fax Number				
Website				
Project Manager				
Phone Number				
Email Address				
Type of Funding Requested (Select <u>One)</u>				

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:

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:					
<i>Program Beneficiary Population</i> 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?					
<i>Outcome Statement</i> 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):					
Microenterprise Grants/LoansIncreased Medical CapacitySTRMUCapital AssistanceRental AssistanceEducationTechnical AssistanceHomeless Prevention AssistanceTransportationJob TrainingTreatment ServicesSupport ServicesTesting ServicesMortgage AssistanceLodgingTargeted Health ServicesDiagnostic AssistanceFood BanksPurchase of Medical EquipmentPrescription AssistanceMeal DeliveryIf "other" provide further detail:					

4. Project Description

Using only the space below, describe the Scope of Work for the proposed project. Describe how the project or activity will support the local pandemic response. Explain how proposed activities will prevent, prepare for and/or respond to the spread of COVID-19. Detail each service activity the program will undertake. If applicable, describe the intake procedures, location and hours of operation, as well as the staffing and outreach plan:

5. Project Timeline

Proposed Project Start Date:	
Proposed Project End Date:	
Project will last	_ months. (Maximum allowed timeframe of twelve (12) months.)

6. Project Goals

Program Milestones

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

Quarter of Activity	Activity/Action
Quarter 1	
Quarter 2	
Quarter 3	
Quarter 4	

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.				
12.				
13.				
Total Federal Funds Requested	\$	Total Program Cost (Fe	ederal + Other)	\$

8. Budget Justification

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

1	
1.	
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13.	
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