

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 active entity registration with SAM.GOV
- Proof of required insurance
- Completed W-9
- 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 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 One)

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]

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.				
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.