



CDBG APPLICATION

**CITY OF DOVER, NH
COMMUNITY DEVELOPMENT BLOCK GRANT
FY2020**

APPLICANT INFORMATION	
Organization	Tax ID
Name of Program or Project	
Name of Executive Director	
Mailing Address	
Physical Address	
Contact Person	Phone
E-Mail	Website
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID #	
*DUNS #	*SAM Expiration Date

* *Important notice regarding new mandatory federal reporting requirements:* The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit <https://fedgov.dnb.com/webform> and <https://www.sam.gov/portal/SAM/##11>. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$
Provide a <u>very brief</u> summary of the activity or project for which the funds are requested. Keep responses to one or two sentences (<i>i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.</i>)
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Specific Objective (<i>i.e. Removal of architectural barriers to allow increased handicapped accessibility</i>)

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made.

BENEFICIARIES
Beneficiaries: For FY2020 (7/1/19 – 6/30/20) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): If so, how much? Beneficiary type: <input type="checkbox"/> Elderly <input type="checkbox"/> Family <input type="checkbox"/> Disabled <input type="checkbox"/> Homeless <input type="checkbox"/> Persons living with AIDS <input type="checkbox"/> Other (specify):

NARRATIVE – PUBLIC SERVICE ACTIVITY ONLY
Please provide a detailed description for the proposed <u>Activity</u> <i>not</i> the Organization. This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Please indicate who prepared the overall cost estimate for the activity or project.

NARRATIVE – PUBLIC FACILITY PROJECT ONLY

Please provide the following information for the proposed Project....*not* the Organization:

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low-moderate income individuals:

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (i.e. purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seek care from health program.

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the Organization that is undertaking the activity/project.

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit?

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs?

If yes, please note the agency/program and how often the evaluation occurs.

BUDGET

Use box *A* or *B* below to provide a budget. Include all proposed expenses.

A. Public Services (Non-Construction Projects)			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

B. Public Facilities: (Project)			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs <i>Note:</i> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
TOTAL PROPOSED BUDGET:			

FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed for this project, if any. *Do not include Dover CDBG amount requested.*

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):	
Federal:		Committed Pending Proposed	
State:		Committed Pending Proposed	
Local:		Committed Pending Proposed	
Private:		Committed Pending Proposed	
Portsmouth CDBG:		Committed Pending Proposed	
Rochester CDBG:		Committed Pending Proposed	
Other:		Committed Pending Proposed	
Total:		Committed Pending Proposed	

Organizational Commitment: For Public Facility Projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source: (Name of Parent Organization)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)	
		Committed Proposed	
Total:			

AGENCY BUDGET

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds			
State Funds			
Foundations/Private Contributions			
United Way			
Fundraising or other income			
Other (describe)			
Community Dev. Block Grant (include anticipated request)			
TOTAL REVENUE			
EXPENSES			
Salaries			
Fringe Benefits			
Supplies (include printing/copying)			
Travel			
Training			
Communications			
Audit			
Property Maintenance			
Service Contracts			
Construction Supplies/Materials			
Other (describe)			
TOTAL EXPENSES			
NET (Income - Expenses)			

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by: _____
Authorized Official - signature

Date

Print Name

Print Title