

Program Name _____

Date _____

FY 2021 COMMUNITY DEVELOPMENT BLOCK GRANT

Fiscal Year July 1, 2021 to June 30, 2022

PUBLIC SERVICE & HOUSING PROGRAM FUNDING APPLICATION

Submit to: Claire Johnson, Neighborhood Initiatives Coordinator, at cjohnson@cityofnewalbany.com by **Thursday, February 18, 2021 at 4 PM** and plan to attend the **Public Hearing on February 23, 2021 at 2:30 PM** via Zoom.com to present a proposal to the New Albany Redevelopment Commission.

The link for the meeting:

<https://us02web.zoom.us/j/88124465338?pwd=WlJ0QWxyQkNLM3lFSkrHVVM4d29oQT09>

The link is also available on the New Albany City Hall website: <https://newalbanycityhall.com/public-meeting-notices>

Program Name:	
Organization/Agency:	
Street Address:	
City, State, Zip Code:	
Executive Director:	
Phone No.:	Fax No.:
Contact Name:	Contact Phone No.:
Contact e-mail:	
Federal IRS Tax Exempt #:	DUNS #:
Amount Requested:	
Is this program: ___ Existing ___ New to CDBG	
Attach current agency registration record from System for Award Management. See https://www.sam.gov	

1. Organizational/Agency History and Goals:

Describe briefly (**please limit to two paragraphs**) your organization/agency, its history, primary social service or housing delivery functions, and primary clientele.

2. Please briefly describe the activities you plan to do and the community need, your goals, and your evaluation tool used to measure these goals under this specific program. Include your organization's capacity to successfully implement this program.

3. Did your program receive CDBG funding from the City of New Albany in FY20? _____

a. If yes, how much? _____

Client Benchmark(s) for this program:

If Applicable;

In FY 2020, how many total unduplicated New Albany residents did you serve?	
For FY 2021, estimate the number of unduplicated New Albany residents you will serve.	

4. Budgetary Information:

Please provide the following financial documentation:

- a. Estimate the total amount of any and all federal funds/grants your agency as a whole expects to receive in your agency's current fiscal year.

Program fiscal budget (not entire agency).

Budget Program Expenditures	Proposed Budget FY 2021	Amount of CDBG funds per line item
Salaries / Benefits		
Supplies		
Postage, Printing, and Publications		
Equipment Purchase		
Other (explain)		
Total Budget Expenditures		

5. List all sources and amount of income and/or leveraged in-kind services to be used to implement this program.

Funding Source	Proposed Budget FY 2021
CDBG	
United Way	
County	
Fundraising	
Other Federal or State funds	
Grants	
Other (list below)	
Total Budgeted Income	

6. List all staff who will work on the program, indicating duties.

Position/Title	Portion of Salary to be Paid by CDBG	Duties

*Please attach any additional documentation to this application.