



COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS RESPONSE APPLICATION

APPLICANT INFORMATION

1. Organization: Click or tap here to enter text.
2. Address: Click or tap here to enter text.
3. Phone: Click or tap here to enter text.
4. Fax: Click or tap here to enter text.
5. Web Address: Click or tap here to enter text.
6. EIN: Click or tap here to enter text.
7. DUNS: Click or tap here to enter text.
8. Are you registered in SAMs? Yes No
9. Applicant Contact Information
 - a. Name: Click or tap here to enter text.
 - b. Phone: Click or tap here to enter text.
 - c. Email: Click or tap here to enter text.
10. CEO Information
 - a. Name: Click or tap here to enter text.
 - b. Phone: Click or tap here to enter text.
 - c. Email: Click or tap here to enter text.

OBJECTIVES AND METHODOLOGY

1. The proposed request for funding will support a program, service, or capital project that best aligns with which of the following National Objective categories?
- Low and Moderate Income: Area Wide
 - Low and Moderate Income: Limited Clientele
 - Low and Moderate Income: Housing
 - Low and Moderate Income: Jobs
 - Slum and Blight: Target Area
 - Slum and Blight: Spot
 - Slum and Blight: Urban Renewal
 - Urgent Need

2. Select which Scope of Work that you are applying for.

Food Assistance

Rent and Utility Assistance

3. Describe how the program will meet the National Objective for funding. [Click or tap here to enter text.](#)

4. Please list the requested amount of funding. [Click or tap here to enter text.](#)

5. Please describe how the Scope of Work will be provided. [Click or tap here to enter text.](#)

6. Please specify any criteria or limitations on frequency and amount of service available to recipient. [Click or tap here to enter text.](#)

7. Please describe how recipients will access the services provided. [Click or tap here to enter text.](#)

8. Please describe the timeline for implementation. [Click or tap here to enter text.](#)

9. How do you ensure client safety? Describe any training or certifications that you require. [Click or tap here to enter text.](#)

10. Describe any additional precautions you've put in place for COVID-19. [Click or tap here to enter text.](#)

11. Do you have the required emergency procedures and policies in place to address COVID-19? If not, what is the timeframe for implementing policies and procedures in response to COVID-19? [Click or tap here to enter text.](#)

OUTCOMES

12. Describe the desired outcome(s) for this program. [Click or tap here to enter text.](#)

13. Define the projected units of services provided. [Click or tap here to enter text.](#)

14. Number of projected units of services to be provided by the CDBG-CV funds. [Click or tap here to enter text.](#)

15. Identify the target population to be served. [Click or tap here to enter text.](#)

16. Number of unduplicated Chandler persons to be served by the CDBG-CV funds. [Click or tap here to enter text.](#)

17. Number of unduplicated Chandler households to be served by the CDBG-CV funds. [Click or tap here to enter text.](#)

18. Estimate the projected number of persons to be served by age.

0-17: [Click or tap here to enter text.](#)

18-24: [Click or tap here to enter text.](#)

25-61: [Click or tap here to enter text.](#)

62+: [Click or tap here to enter text.](#)

19. Estimate the projected number of persons to be served by Area Median Income (AMI).

0-30%: [Click or tap here to enter text.](#)

31-50%: [Click or tap here to enter text.](#)

51-80%: [Click or tap here to enter text.](#)

20. Estimate the above number of persons to be served by the following categories.

Disabled: [Click or tap here to enter text.](#)

Elderly: [Click or tap here to enter text.](#)

Veterans: [Click or tap here to enter text.](#)

LGBTQ: [Click or tap here to enter text.](#)

Adults who are Illiterate: [Click or tap here to enter text.](#)

Persons with HIV/AIDS: [Click or tap here to enter text.](#)

Children and Youth who are Abused: [Click or tap here to enter text.](#)

Migrant Farm Workers: [Click or tap here to enter text.](#)

Victims of Domestic Violence: [Click or tap here to enter text.](#)

Severe Mental Illness (SMI): [Click or tap here to enter text.](#)

Individual Experiencing Homelessness: [Click or tap here to enter text.](#)

Female Head of Household: [Click or tap here to enter text.](#)

ORGANIZATIONAL EXPERIENCE

21. What is your organization's mission? What core services are provided? [Click or tap here to enter text.](#)

22. How many years has your organization been providing the proposed program or service? Describe the experience your organization has related to this project and the number of years your organization has been providing this service. [Click or tap here to enter text.](#)

23. Describe how your organization collaborates with other organizations, government entities and/or regional partners to respond to COVID-19. [Click or tap here to enter text.](#)

24. What other funding and resources is your organization receiving to respond to COVID-19, if any? [Click or tap here to enter text.](#)

25. List the organization's three (3) most recent CDBG or HOME funded projects, including the grantor, award amount, project description, year, and total number served. [Click or tap here to enter text.](#)

26. Have you had any audit findings for any CDBG funded projects? If yes, briefly describe the finding and whether it was resolved. [Click or tap here to enter text.](#)

27. What will you do to assure that employment and/or job training opportunities for low-income individuals are provided in the development of your project, per HUD Section 3 requirements? [Click or tap here to enter text.](#)

28. What steps will you take to hire businesses that are registered Minority-owned Business Enterprise (MBE) or Women-owned Business Enterprise (WBE) firms? [Click or tap here to enter text.](#)

BUDGET

Cost Component	CDBG Funding	Other Resources		Total Budget
		Cash	In-Kind	
Personnel Services	\$	\$	\$	\$
Salary	\$	\$	\$	\$
Fringe	\$	\$	\$	\$
TOTAL PERSONNEL	\$	\$	\$	\$
Professional Services	\$	\$	\$	\$
Phone / Internet	\$	\$	\$	\$
Rent	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Maintenance	\$	\$	\$	\$
Travel / Mileage	\$	\$	\$	\$
Fingerprinting	\$	\$	\$	\$
License / Fees	\$	\$	\$	\$
Education / Training	\$	\$	\$	\$
Commodities (Materials & Supplies)	\$	\$	\$	\$
Program / Office Supplies	\$	\$	\$	\$
Printing	\$	\$	\$	\$
Postage	\$	\$	\$	\$
Non-Payroll Insurance	\$	\$	\$	\$
Client Assistance	\$	\$	\$	\$

TOTAL OPERATIONS:	\$	\$	\$	\$
TOTAL PROJECT BUDGET:	\$	\$	\$	\$

Provide a budget narrative for the line items in the budget. [Click or tap here to enter text.](#)