

# WILLIAMSON COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION INSTRUCTIONS SOCIAL SERVICE PROJECTS

FUNDING FOR FY2010 (OCT. 1, 2010 – SEPT. 30, 2011)

# Please read the following Federal Regulation (CFR 570.201) before completing the application:

Basic Eligible Activities 570.201

(e) *Public services*. Provision of public services (including labor, supplies, and materials) including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare (but excluding the provision of income payments identified under § 570.207(b)(4)), homebuyer down payment assistance, or recreational needs. To be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government (through funds raised by the unit or received by the unit from the State in which it is located) in the 12 calendar months before the submission of the action plan.

This application was designed for your convenience. It can be completed in two ways.

- Using Microsoft Word. The application can be found at <a href="www.wilco.org">www.wilco.org</a>. Open the document and fill in the appropriate information. Use the tab key to navigate through the application. Once the form is completed, print, obtain appropriate signatures and submit. (preferred method)
- Manually. Open the document and print it. Manually complete the form. Obtain appropriate signatures and submit.

Applications must be received by 5pm on Tuesday, February 9, 2010. Please submit one original and four (4) copies.

Submit to: Williamson County Attn: Sally Bardwell, Grants Coordinator 710 Main Street Georgetown, TX 78626

## Applicant Organization Name & Contact Information

1. Complete information requested.

### **Project Information**

- 1. Provide the Project Title.
- 2. Give a brief description of project.
- 3. Check appropriate box.
- 4. Check appropriate box. If yes, indicate the number of years.

## Type of Proposal

1. Check all that apply

# **Project Funding**

- 1. Determine the amount of CDBG funds requested.
- 2. Determine the amount of funds that will be obtained from other resources. Note, this is not the amount of leveraged funds and should include all other funds anticipated for use in the project.
- 3. Total Cost of project.
- 4. What portion of the funds obtained from other resources will be identified as leveraged funds? Note, funds obtained from other resources and amount of leveraged funds do not have to equal. The amount identified as leveraged funds will be used in scoring the application. The total of funds obtained from other resources (including the amount of leveraged funds) will be used for informational and reporting purposes only.

# **Background Information**

- 1. Give a brief description of the organizations history and purpose.
- 2. Describe the need and current condition of the problem and how it relates to the needs/priorities identified for Williamson County (see FY 2009-2013 Consolidated Plan Priorities included in this packet).
- 3. Describe the method or solution proposed.
- 4. Describe how the solution will effectively address the problem.
- 5. Generally describe the resources necessary for the project. Do NOT identify budget here.
- 6. Describe the anticipated results.

## Client Data

- 1. Complete all three tables. Use figures from February 2009 through January 2010. Ensure that totals agree between client tables. Use expected figures if project is a new service.
- 2. Give percent of total number of clients that are low to moderate income. Describe method used to document this. Example, limited clientele, income survey, etc. Also identify if you anticipate any significant change in the clientele served and how this change might impact the percent of low-mod.

# **Eligibility**

Check appropriate box and attach required documents.

# Service Area

Identify the geographic boundaries of the proposed service area. Please include cities and/or areas served. Attach a map that shows the project site and/or defines the service area.

## Service Collaboration

List collaboration efforts provided to other County service providers and/or community organizations.

# **Board Data**

Complete Board Data information requested.

# **Program Funding Data**

- 1. List the amount of funds received from each type of source listed.
- 2. Specify funding source and the amount of award received.

## Signatures

Obtain appropriate signatures.

### Please note

- Funds obligated to the project will be tied to that obligation unless authorized to do otherwise.
- CDBG funds do not require leveraged funds.

Failure to submit requested documents or to provide adequate explanation may invalidate proposal.