



**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROJECT APPLICATION FORM – PROGRAM YEAR 2024**

Please review the Application Instructions carefully.
All applications must meet the eligibility criteria outlined in the NOFA.

Please note that selected projects will be subject to funding availability.

1. APPLICANT INFORMATION

Legal Name of Organization:			
Date Founded:			
Unique Entity ID Number: (replaces DUNS number)		Federal Tax ID Number or EIN:	
<i>Note: To be eligible for CDBG funds, an active registration with sam.gov & Unique Entity Identification Number is required</i>			

Contact Information	
Authorized Representative (i.e. Executive Director)	Name: _____
	Title: _____
	Phone: _____
	Email: _____
Primary Point of Contact <input type="checkbox"/> Same as above	Name: _____
	Title: _____
	Phone: _____
	Email: _____
Organization Mailing Address:	_____
Organization Website:	_____

I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE & CORRECT.	
_____	_____
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE

CHECKLIST OF REQUIRED DOCUMENTS

All documents must be provided—incomplete proposals will not be reviewed.

- Attachment 1:** Completed & signed application
- Attachment 2:** A copy of your current IRS 501(c)(3) tax exempt statement evidencing that your organization is not a private foundation, along with an explanation of any changes in IRS status
- W-9 Form
- Certificate of Liability Insurance
- Attachment 3:** Listing of your current Board of Directors & their affiliations
- Articles of Incorporation & Bylaws
- Attachment 4:** Most current financial statement or audit (not to exceed two years old)
- Attachment 5:** Executive summary of organization’s accomplishments for past year
- Attachment 6:** Supporting documentation of leveraging resources/match (Sections 4 & 5)
- Schedule or timeline of expenditures (Section 4)
- Attachment 7:** Copy of most recent federal monitoring if recipient of other federal funding
(if any findings, include letter of clearance of findings)
- N/A: does not apply

To be considered for funding, applications must be received via email (preferred) or by mail no later than **4:00pm on Monday, January 15, 2024 at the address below:**

Bailey Noland
Director of Community Development
City of North Little Rock
700 West 29th Street
North Little Rock, AR 72114
501-340-5342
bnoland@nlr.ar.gov

2. PROJECT DESCRIPTION

Part A: ACTIVITY/PROJECT SUMMARY

Name of Activity/Program:

Amount Requested
(CDBG Funds):

Amount of
Matching Funds:

Briefly describe your activity & how it will be accomplished:

Which area or neighborhood will be served by your activity?

Describe the targeted population & demographics to be served by your activity.

What need or problem will your activity address?

What is the extent of the need or problem in the area &/or population that your activity will target?

How have you determined or documented this need or problem (statistics, survey results, etc.)?
How will you make this activity available to the target area or population? How will you affirmatively market the activity to low income persons?

Part B: ACTIVITY/PROJECT DETAILS
How will your activity benefit low-to-moderate income persons in North Little Rock?
Describe how you will intake & document low-to-moderate income eligibility of program participants.
How will your activity address healthy lifestyles & wellness, per the City's Fit2Live initiative?
Which HUD Performance Measurement Objective will your activity meet?
<input type="checkbox"/> Create suitable living environment <input type="checkbox"/> Create decent housing <input type="checkbox"/> Create economic opportunities

Which HUD Performance Measurement Outcome will activity accomplish?

- Availability/Accessibility
- Affordability
- Sustainability

Outline the specific measurable objectives & expected outcomes to be accomplished.

Describe the specific tools you will use to track your anticipated performance outcome & the methodology you will use to measure your success in meeting your stated goals.

3. APPLICANT CAPACITY

Describe your organization’s qualifications, & the extent to which you have the organizational resources necessary to successfully implement the proposed activity in a timely & efficient manner.

How long has your organization provided the activity or service?

List name(s) & position(s) of staff who possess knowledge & experience in proposed activity.

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Indicate relevant experience in managing grants & similar programs.

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Briefly describe your organization's overall mission & goals.

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Has your Organization received CDBG funding in the past five years?

- Yes
- No

If yes, list each year funds were awarded & amount of each year's award.

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4. BUDGET SUMMARY

How many low-to-moderate income persons does your activity serve now?

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How many additional low-to-moderate income persons will you be able to serve if you are awarded your funding request?
Provide the cost per participant (# of participants divided by total project budget).
Show your calculation to determine above cost per participant.
If you are not approved for 100% of your CDBG funding request, how will you address the shortfall?
Clearly & concisely summarize your request for funding, including total cost of the project, funds already committed & the amount requested under this proposal.
Does your organization receive other federal funding? If yes, describe type & amount.

