

**City of Little Rock**  
**Department of Housing & Neighborhood Programs**  
**Community Development Division**

Project Application Form  
2023 Program Year

***PLEASE BE ADVISED THAT PROJECTS SELECTED WILL BE SUBJECT TO FUNDING AVAILABILITY.***

Legal Name of Organization: \_\_\_\_\_

Founded Date \_\_\_\_\_ 501(c)(3) \_\_\_\_ Yes \_\_\_\_\_ date of approval \_\_\_\_\_ No  
(Please provide a copy of 501(c)(3) certificate/letter.)

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ Unique Entity Identifier Number: \_\_\_\_\_  
(Please note that you must have a UEI number to be eligible for CDBG Funds and active registrations with SAM.GOV.)

E-Mail Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person's Direct Telephone Number: \_\_\_\_\_

Has your Organization received CDBG funding in the past? \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ When

**Project Information**

Name of Project \_\_\_\_\_

Type of Project: ☐ Public Service Program

(Describe) \_\_\_\_\_

Project CDBG National Objective \_\_\_\_\_

Project Performance Measurement Objective \_\_\_\_\_

Project Performance Measurement Outcome \_\_\_\_\_

(Please refer to the listing in the CDBG NOFA for the National Objective, Performance Measurement Objectives & Outcome.)

Neighborhood and/or Ward being Served \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_ Number of persons served: \_\_\_\_\_

**(Attach additional pages if necessary)**

1. Briefly describe the proposed project.

2. Briefly describe the purpose of the project.

3. Describe the targeted population (low-income elderly, at-risk youth, etc.) or the neighborhood and ward to be served:

4. Identify your procedures that will document low and moderate income eligibility of program participants. (Attach an intake form, a copy of the application, or detailed list of items used to determine client eligibility)

5. If the proposed project is for an ongoing service or program, to be provided, indicate if this is a new or existing project. (i.e.: reconstruction of Apple Street, improvement to Gateway park, fund meals on wheels, etc.). If existing how long has your organization provided service or program.

6. If the proposed project is for an ongoing service or program, complete the program budget form or attach a budget that shows all costs associated with the project and all resources available for this project in addition to this funding request.
7. Does the implementation of this program depend on receiving 100% of your CDBG request?
8. If you are not approved for 100% of your CDBG request, how will you address the shortfall?
9. Briefly describe your organization qualifications, indicate staff members and experience in managing grants and similar programs.

10. Does the organization have an active Board of Directors? \_\_\_\_\_ Yes \_\_\_\_\_ No  
a. If so, how many members? \_\_\_\_\_ and how often do they meet \_\_\_\_\_  
b. If not, what is the oversight body for the organization? \_\_\_\_\_

11. Provide a copy of the most recently conducted Financial Audit and/or Financial Statement Review for your organization. What is the time period for the audit or financial statement review?

12. Provide a copy of your annual organization budget.

***I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.***

\_\_\_\_\_  
***PRINTED NAME AND TITLE***

\_\_\_\_\_  
***SIGNATURE***

\_\_\_\_\_  
***DATE***

To be considered for funding, applications must be received by email [barbor@littlerock.gov](mailto:barbor@littlerock.gov) or received by mail no later than 2:00 p.m. on Monday, November 7, 2022 to the address below.

**Beverly Arbor  
Department of Housing and Neighborhood Programs  
Community Development Division  
500 West Markham, Suite 120 West  
Little Rock, Arkansas 72201  
(501) 371-6825**

## PROGRAM BUDGET FORM

(Budget of Projected CDBG Funds)

<b>Organization Name:</b>	
<b>Project Name:</b>	

## Fiscal Year 2023

**Please provide a detailed explanation of each line item.**

Budget Categories				
Line Item Object	Funding Amount			Total Amount
	CDBG Amount	Other Cash Contributions	In-Kind Amount	
Total				

**Please include leveraging resources including cash, cash equivalent (i.e., other federal, state, and local grant awards) and in-kind contributions, such as services, donations or equipment.**