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

Project Application Form 2022 Program Year

PLEASE BE ADVISED THAT PROJECTS SELECTED WILL BE SUBJECT TO FUNDING AVAILIABILITY.

Legal Name of Organization:			
Founded Date			
Telephone Number:	Fax Number:		
Tax I.D. Number: (Please note that you must have a DUN	DUNS Number:		
E-Mail Address:			
	Title:		
Contact Person:	Title:		
Contact Person's Direct Telephone Nur	mber:		
Has your Organization received CDBG	funding in the past?YesNo Project Information		
Name of Project			
Type of Project: Dublic Service			
Project CDBG National Objective			
Project Performance Measurement Obj	ective		
Project Performance Measurement Out (Please refer to the listing in the CDBG NOF)	come A for the National Objective, Performance Measurement Objectives & Outcome.)		
Neighborhood and/or Ward being Serv	ed		
Estimated Project Cost:	Number of persons served:		

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<u>Project Description</u> (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.

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. If a 501c 3 organization please provide a copy of status.

10. Provide a copy of your latest Audit or Financial Statement for your organization.

ERTIFY THAT ALL OF THE INFORMATION PROVID	ED IN THIS APPLICATION IS TRUE AND CORRE			
SIGNATURE	DATE			
To be considered for funding, applications must be received at the address below no later than 2:00 p.m. on Wednesday, November 3, 2021.				
Department of Housing and I Community Develop				
500 West Markham,				
Little Rock, Arka (501) 371-				

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PROGRAM BUDGET FORM

Organization	
Name:	
Project	
Name:	

Fiscal Year 2022

Please provide a detailed explanation of each line item.

	Budget CategoriesLine Item ObjectFunding AmountTotal Amount							
-		Total Amount						
CDBG Amount	Other Cash Contributions	In-Kind Amount						
	CDBG		CDBG Other Cash In-Kind					

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.