

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 AVAILABILITY.

Legal Name of Organization: _____

Founded Date _____

Address: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax Number: _____

Tax I.D. Number: _____ DUNS Number: _____

(Please note that you must have a DUNS 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? _____ Yes _____ when _____ No

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: _____

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.

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

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 Neighborhood Programs
Community Development Division
500 West Markham, Suite 120 West
Little Rock, Arkansas 72201
(501) 371-6825

PROGRAM BUDGET FORM

Organization Name:	
Project Name:	

Fiscal Year 2022

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	

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.