



City of Manhattan
Community Development Block Grant
Public Services
2017 Program Year Application

I. Organization information (required of all applicants):

Organization name:

Mailing address:

Organization's DUNS #:

Name of organization's Chief Operating Officer:

Application Contact name:

Contact Title:

Contact Email (required):

Contact Phone:

Mission of organization:

Required attachments:

- List of officers and board members and their principal occupations
- Most recent annual report
- Evidence of registration as a 501(c)(3)
- Evidence of certification of good standing with the Kansas Secretary of State
- Copy of corporate resolution or by-laws authorizing the appropriate authority to contract with the City of Manhattan ***and*** copy of "Conflict of Interest" Policy

II. Proposed Project Description

Name of Project: _____

Funding Request: \$ _____

This proposed project is: ____ a new service, ____ expansion of an existing service, ____ a continuation of a previously funded service?

Please provide a brief summary (50 word limit) of the project:

Narrative

Please use narrative as well as supporting documentation to answer the following questions in the order presented. *Please use Times New Roman Font, font size 12 for all answers.*

- 1. Describe your proposed project and how it addresses a problem or opportunity for Low to Moderate Income (LMI) persons in Manhattan. (Limit to 400 words,)**

2. From the list of eligible Public Services activities, please list the activity that best describes the project you propose for funding: _____.
3. How does the proposed project support the mission of the organization? (60 word limit)
4. What are the Specific objectives of the proposed project?
5. List Quantitative performance measures to be used to determine successful achievement of objectives.
6. Please describe the methods the organization will use to qualify all clients served with CDBG funds are LMI residents of the City of Manhattan, and that clients served are not duplicated.

7. Estimate the number of *unduplicated* LMI clients you expect to serve: _____

8. Describe the staff and volunteers available to dedicate to the project?

9. Please describe any other resources currently available to leverage CDBG grant funds, if applicable? (Include in-kind services, staff time, cash match, etc.)

Please include a list of all leverage partners that documents the type and value of the resource the partner will contribute.

10. Identify other organizations in Manhattan that provide similar services and explain how your proposed project is unique in delivering this service.

11. List community partners that your organization regularly collaborates with to provide services and describe the relationship: (provide on a separate sheet if the list is long).

12. Discuss the necessity or urgency for CDBG funding to provide, or continue to provide, the service named on the first page:

13. Describe the organization’s experience and capacity in grant administration including processes used to maintain compliance with grant requirements (*do not include a list of grants here*):

a. Please list all federal and state funded grants administered within the last two years.

b. For the grants listed above, describe reporting requirements that your organization was required to meet.

III. Proposed Project Budget

Please use the attached budget form below for the project showing funding sources and budgeted expenditures. Re-state here any sources referenced in question 10 above.

CDBG Project Name: _____

Expenditure Category	CDBG Funds Amount	Other Funds' Source(s)	Other Funds' Amount	Total of all Funds
Fund Totals:				
Total Estimated Unduplicated Clients		CDBG Funds Per Client		

IV. Certification

I certify that all the information that I have provided is true and correct to the best of my knowledge. I understand that if I fail to disclose information, or if I intentionally provide untruthful or incorrect information, my application or approval may be rejected.

Applicant Signature

Date

Applicant Name

Title

Submit completed applications by 5:00 pm on Monday, December 5, 2016

One original with wet signature, and one electronic version required

Application original and electronic version must be identical and in .PDF format.

Community Development Department, Manhattan City Hall

1101 Poyntz Avenue Manhattan, KS 66502

Attn: Christina L'Ecuyer, Grant Administrator

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