

**2012
CITY OF MANSFIELD, OHIO
CDBG PROGRAM**

PROPOSAL FORM

DUE: FEBRUARY 10, 2012

1. Project Name: _____
2. Address, location/boundary of project: _____
3. Amount requested: \$ _____
4. Name and address of organization or applicant: _____

5. Name of Program Coordinator: _____
6. Contact person's telephone number: (Home) _____ (Office) _____

7. ARE YOU A NON PROFIT ORGANIZATION? YES ___ NO ___

ARE YOU A 501 (C)(3) ORGANIZATION? YES ___ NO ___

****PROOF OF CURRENT 501(C)(3) STATUS MUST BE SUBMITTED****

8. COPY OF LAST YEAR'S AUDIT / FINANCIAL STATEMENT MUST BE SUBMITTED.

9. D.U.N.S. NUMBER (REQUIRED BY HUD)

10. Non-profit agencies attach list of board members / For-profit businesses attach list of principals.
11. All CDBG funded projects must meet at least one of the national objectives. Which of the objectives listed below does your project meet?
_____ To meet Community Development needs having a particular urgency
_____ Principal benefit to low/moderate income persons
_____ Elimination of slums and blight
12. Please give a brief, but specific description of your project for use of CDBG funds: _____

13. Attach supporting documentation you feel will aid in describing your project. _____

14. Amount and year of receiving CDBG funds in previous grant years: _____

15. Is this a continuing _____ expanded _____ or new _____ program? If not granted, how will this program be funded? _____
16. Will you accept partial funding? _____
17. Provide a Project Budget: (Estimated - including staff and other sources of funding).
18. Will your project produce program income? _____ If yes, explain: _____
19. Will the CDBG funds be used to leverage additional funding from other private or public sources? If yes, please list amount: _____
20. Will the project require the purchase of real property or equipment? _____ If yes, explain: _____
21. Will the project cause the displacement of individuals, families, or businesses? _____ If yes, explain: _____
22. Does your project affect a historical property or does your project occur in a historical district? Yes ___ No ___ If yes, explain: _____
23. Is your project located in a floodplain? Yes ___ No ___ If yes, explain: _____
24. Approximate number of persons who will benefit by your project: _____

PLEASE READ THE FOLLOWING STATEMENT AND SIGN THIS PROPOSAL.

THE APPLICANT CERTIFIES THAT TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF THE STATEMENTS AND INFORMATION IN THIS PROPOSAL ARE TRUE AND CORRECT AND SHOULD THIS PROPOSAL BE APPROVED, THE APPLICANT WILL COMPLY WITH THE RULES AND REGULATIONS OF THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM GOVERNING SUCH FEDERALLY FUNDED ACTIVITIES.

Signature of Applicant

Type or Print Name

Title

Date

MAIL OR DELIVER THIS PROPOSAL TO THE COMMUNITY DEVELOPMENT DEPARTMENT, 8TH FLOOR MUNICIPAL BUILDING, 30 NORTH DIAMOND STREET, MANSFIELD, OHIO 44902 BEFORE THE DEADLINE OF: FRIDAY, FEBRUARY 10, 2012 - 4:00 P.M.

IF YOU HAVE ANY QUESTIONS IN COMPLETING THIS PROPOSAL, PLEASE CONTACT THE COMMUNITY DEVELOPMENT DEPARTMENT AT 419-755-9793.