



CITY OF OLYMPIA - COMMUNITY DEVELOPMENT BLOCK GRANT

CDBG APPLICATION – Program Year 2014

Please See “Fact Sheet & Submission Requirements”

REQUEST FOR QUALIFICATIONS – COVER SHEET

Amount Requested:

Program Name:

AGENCY INFORMATION

Name:

Street Address:

Mailing Address:

Email Address:

Web Address:

Phone:

Fax:

Agency Director:

Years in Position:

Application Contact Person:

Years in Existence:

of Staff:

of Volunteers:

Type of Agency

Public Agency

Private Non-Profit (501c3)

Partnership

Corporation

Sole Proprietorship

Other _____

Federal Tax ID#:

DUNS# (Required):

Mission Statement:

PROJECT DESCRIPTION/PERFORMANCE GOALS (Number of housing units, people served, number of bed nights, etc.):

Target Population (check most appropriate):

Low-income area

Low-income persons

Seniors

Abused/neglected Children

Abused spouses

Migrant Farm Workers

Persons living with AIDs

Illiterate

Seriously disabled adults

NARRATIVE QUESTIONS:

Use this format with option to expand to a maximum of six (6) pages, 12 point font.

1. PROPOSED PROJECT/PROGRAM/SERVICE TO BE FUNDED:

2. SPECIFIC PURPOSE OF FUNDING:

ORGANIZATIONAL CAPACITY

3. a. PROJECT/PROGRAM LEADERSHIP TEAM - List all members of leadership team and management experience with similar projects and programs:

<i>Name</i>	<i># Years of Experience</i>	<i># Years on Staff</i>

b. DESCRIBE EXPERIENCE: List recent successful projects similar in nature that demonstrate capacity to complete projects on time and on budget.

4. NEIGHBORHOOD NOTIFICATION - Describe plans to notify and consult with affected neighborhood associations, business associations, immediate neighbors of potential locations and other stakeholders:

5. PROJECT TIMELINE: Present timeline of activity for Project/Program mandatory dates, e.g.:
"September 1, 2013 – START", "June 30, 2014 – Expenditure of \$____ Funds" (*attach separate page if necessary*)

<i>Date</i>	<i>Activity</i>

6. LEVERAGED FUNDS - PROJECT/PROGRAM REVENUE BUDGET:

<i>Source of Program Revenue</i>	<i>% of Program Budget</i>	<i>Amount of Funding (\$)</i>	<i>Start/End Dates of Funding Cycle</i>	<i>Status (Approved or Pending)</i>
TOTAL:				

7. READINESS TO PROCEED - Describe timeline of activity and fund availability:

8. DEMONSTRATION OF NEED – Describe and document level of hardship and pervasiveness of need:

9. COMMUNITY IMPACT - Describe community impact on direct beneficiaries, neighbors, and other stakeholders:

CERTIFICATION: As the applicant, I certify that all the information submitted is true and accurate, and that this agency is a federally designated tax-exempt organization with an active State non-profit corporation status. Further certification of insurance, standing board of director’s roster and organizational chart will be submitted upon request.

Signature Title Date

- Required Attachments:**
- Agency or Business Brochure
 - Proposed Budgets Related to the Activity
 - Last Fiscal Year Actual Agency Budget
 - IRS Letter of Non-Profit Designation
 - Current List of Board of Directors
 - Current Organization Chart