TOWNSHIP OF LOWER MERION

Public Service/Planning Activities Grant Application

2021-2021 (Year 47) Community Development Block Grant Program

APPLICANT:_____

_____
Name of Responsible Contact Person/Title

_____
Address

_____

_____ _____ _____
Telephone number e-mail fax

Provide the following information on no more than three pages:

1. **DESCRIPTION OF ORGANIZATION:** Please list activities undertaken, list of staff and short job descriptions, clients served, years in service and track record, overall organization and **project** budgets and all funding sources for the organization and the project application.

2. **PROJECT MANAGER:** Please list name, title, job description, and qualifications, including grant administration experience.

3. **PROPOSED DESCRIPTION OF PROJECT AND SCOPE OF SERVICES:** Please include the number of persons who will benefit from the proposed project.

4. **GOALS AND OBJECTIVES OF PROPOSED PROJECT:** Please be as specific as possible in your description.

5. **TIMETABLE FOR PROJECT IMPLEMENTATION:** Please provide 12-month timeline of tasks based on **funding year July 1, 2021 thru June 30, 2022.**

PROJECT COST BREAKDOWN: Please provide detail of total project costs and that portion to be charged to CDBG.

Administration	$_____
Equipment	$_____
Materials (consumable supplies, attach separate sheet and identify specifics)	$_____
Audit (required for projects over $25,000)	$_____
Other-Explain	$_____
	$_____
Total project cost	$_____
Total CDBG funds requested	$_____
Difference (being provided from other sources)	**$**_____

If there is a difference between the total project cost and CDBG funds requested, state other source(s) and funding amount(s). MUST BE COMPLETED BELOW

TYPE	SOURCES	AMOUNT
Federal: Direct – *(monies received directly from the Federal government)*		
Indirect – *(monies received from an organization which receives Federal funding)*		
State		
Local (Cash)		
Other/Private		
TOTAL		

ELIGIBILITY REQUIREMENT (Check <u>one</u> only)
Evidence of compliance will be required for the following:

1._____ THE PROPOSED ACTIVITY SERVES A DELINEATED AREA IN WHICH 51% OF THE AREA RESIDENTS ARE LOW AND MODERATE INCOME. *(For project qualified under this eligibility criterion, the applicant must provide the rationale/basis for the service area designated). (24.15%LMT)*

The actual percentage is _____%, which is based on:

_____income surveys

_____2010 census data & ACS (2014)

<u>Identify the area served on the attached MAP.</u>

2._____ AT LEAST 51% (ALL) OF THE CLIENTELE OF THE PROPOSED FACILITY ARE LOW AND MODERATE INCOME PERSONS, SENIOR CITIZENS AND/OR HANDICAPPED. *(For project qualified under this eligibility criterion, the applicant must provide the basis for compliance, i.e., clients participating in other programs with income limitations, applicant collects and documents family income data or benefit category or client is presumed to be low/moderate income).*

3._____ THE PROPOSED ACTIVITY HAS INCOME LIMITS THAT RESTRICT THEM TO LOW AND MODERATE INCOME PERSONS

4._____ THE PROPOSED ACTIVITY INVOLVES EMPLOYMENT OF PERSONS, A MAJORITY OF WHICH ARE LOW AND MODERATE INCOME.

Organizations that have not been previously funded must submit a <u>copy</u> of their mission statement and by-laws and 501(c)(3) non-profit designations by the IRS.

<u>The applicant or its' principals certify that they have never been debarred or suspended by the Federal Government and the applicant is not the successor organization to one that was.</u>

_____ _____
Signature Date

Please add any additional relevant information. <u>This application and one copy is due Friday, February 12, 2021 by 4:00 p.m.</u>

RETURN TO:

Emily Crane
The Township of Lower Merion
Building & Planning Department
Community Development Division
75 E. Lancaster Avenue
Ardmore, PA 19003
610-645-6118

p/cd/yr47/psapplRev1-2021