



CHEROKEE COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT [CDBG] PROGRAM
PY 2018 CAPITAL PROJECT [MUNICIPALITY] APPLICATION INTRO

Step One – Overview

Please reference the Application Handbook

- Review Introduction to Federal Grant Programs [Part I]
- Review Introduction to Cherokee County CDBG Programs [Part 2]
- Review Applicant/Project Eligibility [Part 3]

Step Two – Applications

- Applications must be received no later than 4:00 p.m., Friday, June 30, 2017. **Applications received after the deadline will not be considered for funding.**
- Agencies or organizations must be authorized to submit applications by their respective governing boards, or from their agency directors, if so authorized by the governing boards.
- Obtain application by contacting:
 Laura Calfee, CDBG Manager
 Cherokee County CDBG Program
 Telephone: (770) 721-7807
 Email: lcalfee@cherokeega.com
- Applications should be prepared on a word processor or typed and should be in a readable type size. ***This template is a fillable form when accessed as a MS Word document.***
- Applications bindings should be restricted to a clip or staple to allow for each copying.
- Applicants should submit an original and one (1) copy.
- Submissions by facsimile (fax) machine or email will not be accepted.
- Sign application and return to Laura Calfee at 1130 Bluffs Parkway, Canton, GA 30114. **An unsigned application will not be considered for funding.**

Step Three – Supplemental Application Documents

All applications must provide the following supplemental documents:

- Board Resolution authorizing application and match for CDBG funds
- Key Staff positions
- Procurement Policies
- E-verify or SAVE Affidavit, as applicable



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Section 1 – Applicant

Applicant Name [Agency or Organization]: _____
Applicant Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Telephone Number: _____ E-mail Address: _____
DUNS #: _____ EIN/TIN# _____ CAGE #: _____

Section 2 – Project

Project Name: _____
Project Location: _____
Total Project Cost: \$ _____ CDBG Funds Requested: \$ _____
Other Funding [Match]: Source: _____ \$ _____
Source: _____ \$ _____
Source: _____ \$ _____

Project Description:

In narrative form, address the following: 1) description of the project, including what the project will do, who it will serve, where it will be located, photos and the timeline for completion; 2) description of the national objective the project addresses; 3) description of any unique or innovative elements of the project and, if the project duplicates other projects, what sets it apart; 4) description of any cooperative or collaborative efforts to implement the project; 5) description of what measurable results (outcomes) will be achieved by this project; and, finally, 6) a map with the activity boundaries, if applicable.

(enter narrative in box below)



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Project Budget:

Utilize and amend the table below, as needed, and please provide a line item project budget. Include a cost allocation schedule showing all proposed sources and uses of funds. **Please note that match funds at a minimum of 25% of the total project cost are required from the applicant.** The match funds cannot be other federal funds. If your project is selected, a Resolution from the applicant’s governing body certifying availability of match funds will be required. Indicate the source of cost estimates for any line item amount over \$5,000.

Budget

Amount of CDBG Funds Requested: _____
 Applicant's Match Funds: _____
 Other Funding: _____
 Total Project Cost: _____

Project Activities	Requested CDBG Funds	Applicant's Match Funds	Other Funding				Total
			Other Federal	State or Local	Other / In-Kind	Program Income	
A. Acquisition Costs							
1. Land							
2. Existing Structures							
3. Other:							
Appraisals, Soil Tests, Surveys							
B. Arch./Engineering Fee							
1. Architect Fee							
2. Engineering Fee							
3. Other							
C. Construction							
1. Building Fee							
2. Infrastructure/On-Site							
3. Landscaping							
4. Labor/Materials							
5. Other							
D. Rehabilitation							
1. Building Fee							
2. Infrastructure/On-Site							
3. Landscaping							
4. Labor/Materials							
5. Other							



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E. Project Management							
1. Project Management							
2. Project Operating Expense							
a.							
b.							
c.							
3. Supplies							
a.							
b.							
c.							
4. Audit							
5. Other							
F. Other Activities (specify)							
1.							
2.							
3.							
SUB TOTAL (A - F only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. General Administration							
1. Salaried Positions: (job titles)							
a.							
b.							
c.							
2. Fringe Benefits: specify							
a.							
b.							
c.							
SUB TOTAL (G - only)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL (A - G)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1. What is the timeline for completion of project?
2. Provide a Budget Narrative on any line item over \$5,000.
3. Will this project incur ongoing operating costs? Yes No
4. Describe plans for funding this project in subsequent years.
5. Would you accept partial funding for this project? Yes No



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Section 3 - Measures

National Objective: _____

Total Number of Persons to Benefit: _____

Total Number of Low to Moderate Income Persons Who Will Benefit: _____

Explain How the Above Data Was Obtained: _____

**Cherokee County CDBG Maximum Household Income Limits*
Effective: April 14, 2017**

No. of Persons	Extremely Low (30% MFI)	Very Low (50% MFI)	Low Income (80% MFI)
1	14,650	24,400	39,050
2	16,750	27,900	44,600
3	20,420	31,400	50,200
4	24,600	34,850	55,750
5	28,780	37,650	60,250
6	32,960	40,450	64,700
7	37,140	43,250	69,150
8	41,320	46,050	73,600

Source: U.S. Department of Housing & Urban Development [HUD]

*Maximum household income limits are revised annually by HUD.

Racial/Ethnic Breakdown Projects by Number of Persons

White	
African-American	
American Indian	
Asian/Pacific Islander	
Hispanic	

If Applicable, the number of:

Senior Citizens Who Will Benefit	
Adults with Disabilities	
Abused Spouses	
Abused/Neglected Children	
Homeless Persons	
Female-Headed Households	



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Section 4 – Performance Measurement Outcomes & Objectives

Which of the following Performance Measurement Outcomes does your project best exemplify? If you feel that all three are relevant, list in the order of importance with “1” being the most relevant and “3” being the least relevant.

- _____ Improving Availability/Accessibility
- _____ Improving Affordability
- _____ Improving Sustainability

What Performance Measurement “Objective” does your project best exemplify?

- _____ Suitable Living Environment
- _____ Decent Housing
- _____ Creating Economic Opportunity

Section 5 – Supplemental Application Documents

Mark each document that you have attached.

- Board Resolution authorizing application and match for CDBG funds
- Key staff resumes
- Procurement Policies
- E-verify or SAVE Affidavit, as applicable



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Section 6 - Signatures

I certify that to the best of my knowledge, data in this application is true and correct and the governing body of the applicant has duly authorized the application for submission.

Prepared By: _____
Signature

Date: _____

Printed/Typed Name & Title _____

Approved By: _____

Date: _____

Printed/Typed Name & Title _____

AN UNSIGNED APPLICATION WILL NOT BE ACCEPTED FOR FUNDING