



**CHEROKEE COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT [CDBG] PROGRAM
PY 2018 PUBLIC SERVICE APPLICATION INTRODUCTION**

Step One – Overview

Please reference the Application Handbook

- Review Introduction to Federal Grant Programs [Part 1]
- 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 by e-mail 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:

- Organization's history, mission and/or strategic plan
- Current 501(c)(3) tax-exempt certification
- Incorporation approval from the Georgia Secretary of State
- Articles of Incorporation and By-Laws
- Current listing of Officers and Board of Directors
- Most recent Financial Audit/Statement
- Board Resolution authorizing application and match for CDBG funds
- Key staff resumes
- E-verify Affidavit 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, whether it is a new service or an expansion of an existing service, 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; and, 5) description of the measurable results (outcomes) achieved by this project.)

(If the proposed project is for the purchase of equipment the narrative should include the type of equipment (recreation, transportation, health services or other equipment) and describe in detail the specifications, quantities, and unit prices.)
(enter narrative in box below)

Please include a line-item budget detailing total project costs (see next page).



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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	
I.e. Salaried Positions:							
(job titles)							
a.							
b.							
c.							
SUB TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



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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 persons who will benefit:

Senior Citizens	
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 Checklist

Mark each document that you have attached (*double-clicking will allow marks in the boxes*).

- Organization’s history, mission and/or strategic plan
- Current 501(c)(3)tax-exempt certification
- Incorporation approval from the Georgia Secretary of State
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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