

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)
PROJECT FUNDING REQUEST APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your organization’s application packet.

Program Year: _____

Project Title: _____

Organization Name: _____

INSTRUCTIONS

Enter an “X” next to each item below as you complete it. If the form or document listed does not apply to your project, enter “N/A” next to the item.

APPLICATION

<i>The following must be submitted to be considered for funding:</i>	
	Application Submittal Checklist (this form)
	Application for Funding (<i>with below appendixes</i>)
	▪ Appendix A: Narrative of Project
	▪ Appendix B: Capital Improvement Project (CIP) Project Details
	▪ Appendix D: Project Implementation
	▪ Appendix E: Results of Prior Year Projects (<i>as applicable to project; see form</i>)
	▪ Appendix F: Roster of Board Members
	Appendix C-1: List of All Funding Sources
	Appendix C-2: Detailed Project Budget
	Two Years of Annual Financial Audits (if organization expends a total of \$750,000 or more of Federal funding during their fiscal year; <i>see 2 CFR Part 200 Subpart F for more info</i>)
	State and Federal Tax Exemption/Non-Profit Determination Letters
	Charter and/or Bylaws of your Non-Profit Organization
	Organization Chart
	Current Liability, Auto, Workers Compensation, and Cyber Liability Insurance Certificates
	Applicant attended one of three Funding Opportunity Information Meetings
	Organization’s current Request for Taxpayer Identification Number/Certification (W-9)



APPLICATION SUBMITTAL CHECKLIST (Continued)

PROJECT-SPECIFIC REQUIREMENTS: for PUBLIC SERVICES projects only

	Copy of Rental or Lease Agreement (<i>A copy of your building lease agreement is required if funds are to be used to reimburse the eligible portion of your lease payments.</i>)
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CDBG Eligible Activity for Public Services Projects (must select one):

General Public Services	Child Care Services
Homeless/AIDS Services	Health Services
Senior Services	Abused and Neglected Children
Disability Services (documentation req.)	Mental Health Services
Legal Services	Lead Based Paint/Lead Hazards Screening
Youth Services	Subsistence Payments
Transportation Services	Homeownership Assistance (not direct)
Substance Abuse Services	Rental Housing Subsidies
Battered and Abused Spouses	Security Deposits
Employment Training	Housing Counseling
Crime Prevention and Public Safety	Neighborhood Cleanups
Tenant/Landlord Counseling	Food Banks
Illiterate Adults(Non-English/ESL)	Migrant Farm Workers

Other not listed above (specify):

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OPTIONAL DOCUMENTS: Not required from any applicant, but enter an “X” next to the items if included in your application submittal

	Exhibits: These refer to no more than two 8.5” X 11” pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).
	Letters: You may submit up to 3 letters of support for your project as part of your application submittal.

