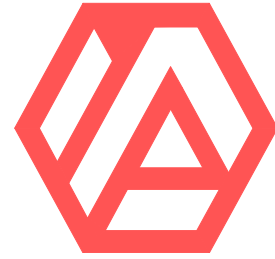


**CITY OF ARVADA
2009/2010 APPLICATION FOR FUNDING
HUMAN SERVICES FUNDING POOL
AND/OR COMMUNITY DEVELOPMENT BLOCK GRANT**



Note: Type or print legibly. Please complete ALL sections

Name of Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail _____

Contact Person: _____ Telephone: _____

Name of Project: _____

Project Address (or closest street intersection): _____

1. Total 2009/2010 Human Services Funding/City CDBG Requested: \$ _____

2. Is this a new or established project ? _____ New _____ Established

3. Description of Organization: (Mission Statement, years in operation, purpose, type of service provided, agency's capabilities, number/characteristics of clients, website address, if available). An attachment is acceptable.

4. Description of Project:

- A. Need or problem – include statistics or needs assessment data to verify.
- B. List what City Human Services / CDBG funds will be used for, staffing and what are the expected results. An attachment is acceptable.

5. What are the projected start and completion dates regarding the use of 2009/2010 City Human Services / CDBG funds?

Start Date: _____ Completion Date: _____

6. Have you received Human Service/CDBG funds in the past year? _____ Yes _____ No

7. Project Budget:

LIST ITEMIZED EXPENSES FOR PROJECT:

| <i>Item</i> | \$ |
|------------------------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL <i>ITEMIZED EXPENSES (A)</i> | \$ _____ |

LIST OTHER FUNDS (*Do not include Human Services / CDBG funds request*) FOR PROJECT:

| | |
|---|----------|
| Gifts and Grants (pledged or paid) | \$ _____ |
| Trustees | \$ _____ |
| Corporations | \$ _____ |
| Foundations | \$ _____ |
| Individuals | \$ _____ |
| Government | \$ _____ |
| Other (earned income, special events, membership, subscriptions, etc.) | \$ _____ |
| Matching funds | \$ _____ |
| TOTAL OTHER FUNDS (B) | \$ _____ |

PROJECT BUDGET SUMMARY:

TOTAL *ITEMIZED EXPENSES* (A) \$ _____
 TOTAL OTHER FUNDS (B) \$ _____
 BALANCE REQUIRED IF ANY (A minus B) \$ _____
 AMOUNT REQUESTED *Human Services / CDBG* \$ _____

8. Will the households or persons served by this project be primarily (50% or more) of low or moderate income? _____ Yes _____ No

If yes above, check one or more of the following:

- _____ The census tract(s) in which the project is located (see attached map) has/have a population which is primarily (50% or more) of low and/or moderate income. Please list tract(s): _____
- _____ The income of each household/person receiving assistance will be individually verified.
- _____ The type of households served are of special need such as *elderly, handicapped, homeless, illiterate, or involve an abused spouse or child* (Please circle above or write in the type of households served): _____

9. How many households OR persons are you estimating will receive assistance or be directly benefited by this project each year?

The data below is for: *Households* *Persons* (Circle One Choice)

| <i>Total Project Benefit and Arvada Benefit</i> | <i>Of low or moderate income ONLY</i> | NOT of low or moderate income | Total assisted or benefited |
|---|---------------------------------------|--------------------------------------|------------------------------------|
| Total households or persons | | + | = |
| Arvada households or persons only | | + | = |

10. Will the project eliminate a physical slum or blighting condition? ___ Yes ___ No
 If yes, please check one or more location:

- _____ Olde Town (Olde Wadsworth/Grandview Ave.)
- _____ Triangle (W. 58th Ave./Independence)
- _____ W. 64th Ave./Sheridan
- _____ Other: _____

11. Which one of the following categories best describes the project? (Mark **only one**)

- _____ Acquisition or demolition of property
- _____ Improvement of public facilities
- _____ A public or human service (must be a new or expanded level of service)
- _____ Home ownership activities
- _____ Housing rehabilitation
- _____ Economic development assistance
- _____ Commercial building rehabilitation
- _____ Planning and/or administration
- _____ Other: _____

12. PLEASE NOTE: If funding is provided to your organization, the following information will be required before any release of funds:

- Most recent fiscal year-end financial statements (audited if available).
- A copy of the original IRS determination letter indicating 501(C)(3) or 509(A) tax exempt status.
- Other information as required by the City Of Arvada on a case by case basis.

All community organizations, including faith-based organizations, are encouraged to apply. Applicants, however, should understand that absolutely no grant monies received pursuant to an application (whether Human Services funds or CDBG funds) may be used to fund inherently religious activities such as prayer, worship, religious instruction, or proselytizing. Grant funds must be used only to support the nonreligious services described in the organization’s application. Additional restrictions that may assist an organization in determining its eligibility to receive a grant include the following:

↑ organizations using grant monies to provide a service must serve clients without regard to religion;

↑ an organization’s clients must have a right to the service without religious coercion (i.e., the provision of services may not be conditioned upon a client’s signing a statement of belief, attending religious activities, etc.);

↑ provision of the funded service must be separated by time or location from any religious activities conducted by the organization;

↑ grant monies must be separately accounted for and not commingled with funds utilized for the religious activities of an organization.

By submitting an application, the applicant represents and agrees that any grant monies received pursuant to the application will be used in accordance with the above limitations and all other applicable federal, state, and local laws

To the best of my knowledge and belief the statements and data in this application are true and correct and this submission has been duly authorized by the governing body of the applicant. With this submission, we also agree to follow all rules and regulations governing CDBG/Human Services funding.

Signature

Name (typed)

Title

Date

If you have any questions regarding this application form please contact:
Housing and Neighborhood Revitalization (720) 898-7496.

**Applications due October 2, 2009
by 5:00 P.M.**

To:
Community Development
Housing & Neighborhood
Revitalization
Located in the Annex Building
Attn: Cherrie Maltos
City of Arvada
8001 Ralston Road
Arvada, CO 80002