CITY OF ARVADA

# 2013/2014 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/Program:**_____

**Project/Program Address** (or closest street intersection):_____

**Amount of Request**:_____

**Please provide attachments in response to the questions 1-9. Attachments are not to exceed 10 pages**

**1. Organization Background**: Discuss the founding and development of the organization. Explain the original issue and opportunity the organization was founded to address and how that may have changed.

**2. Identified Need:** Discuss the organizations program/project for which you are seeking funds, and include a description of the need you have identified. Include the issue and opportunity addressed, goals and objectives, activities, and timeline. Explain why the organization is approaching the issue and/or opportunity in this way

**3. Budget Reasonableness:** Provide a line item budget specifically for the program/project. Include cost per program participant if appropriate.

**4. Benefit to Arvadans:** Describe how citizens of Arvada receive direct benefit from the program/project. How does this project directly affect the quality of life in Arvada? How are you making a difference for the maximum number of Arvadans possible? Be sure to include a quantifiable description of how many Arvadans will be served.

**5. Leveraging Other Funds:** Describe your efforts to identify other possible funding sources; how have you planned to fund the entire program/project?

**6. Duplication:** If other agencies are providing a similar service, explain the distinct and clear difference in your organization's services?

**7. Collaboration:** What other organization that provide services for Arvada citizens do you partner with; describe your relationship and collaborative efforts with them in providing the services for which you are seeking funds

**8. Measurable Outcomes**: Describe how the organization plans to demonstrate measurable outcomes and/or provide the means to show the projected outcomes of the project/program? (Use the SMART goal format: Specific, Measurable, Attainable, Relative, Timely)

**9**. **Sustainability:** Describe how the organization plans to ensure the future of their services and the program/project you are presenting for funding?

**10.** Will those served by this project/program be primarily (50% or more) of low and/or moderate income? _____ Yes _____ No

**If you checked yes above**, specify by checking all that apply to the program/project:

_____ The census tract(s) in which the project is located (see attached map) 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 types 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):_____

**11.** How many are you estimating will receive assistance or be directly benefited by this project/program each year?

**Please indicate if you are counting ____households OR ____individuals**

_____low/moderate income +_____non-low/moderate income = _____Total served

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

_____ 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
____ Acquisition or demolition of property
_____ Improvement of public facilities

**PLEASE NOTE:** If funding is provided to your organization, the following information will be required before any funds are released:

- 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 CDBG funds or Human Services 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 September 11, 2013**
**by 5:00 P.M.**

To:
Community Development
*Housing & Neighborhood Revitalization*
*Located in the annex*
City of Arvada
8001 Ralston Road
Arvada, CO 80002