



City of McAllen
Community Development Block Grant
Project Application
FY 2009 – 2010

INDICATE TYPE OF PROJECT:

<input type="checkbox"/> Construction Project (Infrastructure, Housing, Facilities)	<input type="checkbox"/> Public Service Project (Direct Services to People)
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FOR PUBLIC SERVICE PROJECTS, INDICATE:

<input type="checkbox"/> Renewal Project (Previously funded by the City)	<input type="checkbox"/> New Project (Never been funded by the City)
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If renewal project, is service a quantifiable increase?

Yes _____ No _____

GENERAL INFORMATION

Project Name: _____

Applicant: _____
(Department or Agency making application)

Tax ID No.: _____

Name of Exec. Director/Dept. Head: _____

Contact Person: _____
(Name and Title of Person Preparing Application)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Amount Requested: _____ Total Project Cost: _____

CERTIFICATION

I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true and correct.

Name of Person Authorized to Submit Application: _____

Signature: _____

Title: _____ Date: _____

PROPOSED PROJECT PRIMARY BASIS OF FUNDING

Describe the proposed project and identify its location:

Location:

What will CDBG funding specifically be used for? Include quantities and estimated cost of major categories. **LIST IN ORDER OF IMPORTANCE**

(For Social Service Projects, this may include listing of intended personnel for salary reimbursements or itemized listing of supplies/equipment; **NOTE:** if requesting salaries, please indicate annual salary (exclusive of benefits) and amount requested from CDBG; for City Projects, this may include the building construction, street paving, water and sewer line installation or park development;)

Item	Amount Requested	For Salaries ONLY, Annual Amount
1.		
2.		
3.		
4.		

Indicate number of low-income McAllen clients services as a result of this project _____

Counted by: (check one) families individuals

Estimate the cost per low-income McAllen beneficiary \$ _____

Will the project leverage other financial resources? Yes No

(Leverage means that CDBG funding will be used to encourage other funding and thereby increasing project's overall funding. Do not include in-kind contributions)

IF YES, list other funding sources and amounts:

Source	Amount
1.	
2.	
3.	

If requesting salaries, are these positions currently filled? Yes No

If requesting salaries, estimate percentage of low-income McAllen clients _____

Are there other similar projects in the area? Yes No

("No" means that no other community agency is providing similar services)

IF YES, how will proposed services be coordinated?

List any City of McAllen or State of Texas funds awarded **AND** lost within the last 12 months

Source	Amount
1.	
2.	
3.	

Provide name(s) and title(s) of qualified personnel who will submit monthly program and/or financial reports

Persons with Special Needs Data:

For the proposed project, indicate whether your agency will provide services to the following subpopulations and how frequently these subpopulations will benefit.

	Frequently 25% of the time	Primarily 75% of the time	Solely 100% of the time
Homeless Individuals and Families			
Persons with Physical Disabilities			
Persons with Developmental Disabilities			
Persons with Severe Mental Illnesses			
Elderly Persons			
At-risk Children or Youth			
Alcohol or Other Drug Addicted Individuals			
Persons with HIV/AIDS			
Public Housing Residents			

- Attach a one-page narrative of your proposed project’s impact. It may include a success story from a client or staff person or an experience in which your proposed project would have made a difference for a low-income McAllen client.

CONSTRUCTION PROJECTS (Not applicable to City Departments)

Please provide historical information regarding the last two construction projects undertaken by your agency.

	Project 1	Project 2
Project Name		
Project Address		
Date Construction Began		
Total Cost		
Sources and Amounts		
Date Completed		

AGENCY DESCRIPTION (Not applicable to City Departments)

Financial Management

Does your agency have a 501(c)(3) tax status? Yes No

Current Year's Budget \$ _____

List Top 5 Major Funding Sources and Amounts (exclude fundraising)

Source	Amount
1.	
2.	
3.	
4.	
5.	

- **Attach financial management letter/audit.** Agencies expending \$500,000 or more in federal funds must supply an audit prepared by an independent certified public accountant.
- If management letter or audit includes adverse findings, please remit course of action to remedy.

Indicate the number of individuals or families assisted

	2006-2007	2007-2008
Number of McAllen Cases		
Number of Low Income McAllen Cases		
Number of other Area Cases		
Total number assisted		

Counted by: (check one) families individuals

Note: Low Income qualification is based upon the U.S. Department of Housing and Urban Development income guidelines; however, persons receiving other federal assistance, such as TANF, Food Stamps, Medicaid, Social Security or Medicare automatically qualify.

CITY DEPARTMENTS ONLY

Is this project part of the City's capital improvement plan? Yes No

Will your budget/any municipal funds supplement this project? Yes No

If yes, describe existing funding and amount of services to be provided within the same period.

Please provide service area boundaries for this project

Northern	
Southern	
Western	
Eastern	

If funding is awarded, public service projects must be completed within a twelve-month period, beginning on October 1, 2009 and ending September 30, 2010.

Further, each public service agency will be required to submit the current year's audit prior to contract ratification and adhere to federal regulations and municipal requirements, as deemed necessary.