



**APPLICATION TO BE USED FOR SOCIAL SERVICE PROJECTS ONLY**

**WILLIAMSON COUNTY  
FY 2009 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
APPLICATION FORM  
SOCIAL SERVICE PROJECTS**

FUNDING FOR FY2009 (OCT. 1, 2009 – SEPT. 30, 2010)

**Please read the following Federal Regulation (CFR 570.201) before completing the application:**

Basic Eligible Activities 570.201

(e) *Public services.* Provision of public services (including labor, supplies, and materials) including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare (but excluding the provision of income payments identified under § 570.207(b)(4)), homebuyer down payment assistance, or recreational needs. **To be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided by or on behalf of the unit of general local government (through funds raised by the unit or received by the unit from the State in which it is located) in the 12 calendar months before the submission of the action plan.**

**Applicant Organization Name & Contact Information**

ORGANIZATION NAME	
NAME & TITLE OF CONTACT PERSON	
ADDRESS LINE 1	
ADDRESS LINE 2	
CITY	
STATE	
ZIP	
TELEPHONE NUMBER	
FAX NUMBER	
EMAIL ADDRESS	

**Project Information**

PROJECT TITLE			
PROJECT DESCRIPTION			
WILL THE PROJECT BE READY TO BEGIN ON OR ABOUT OCTOBER 1, 2009?	YES	NO	
IS THE PROJECT PHASED?	YES	NO	If YES, please indicate the number of years:

**Type of Proposal** (place an X in all appropriate box(es))

NEW PROJECT CONTINUATION PROJECT EXPANSION PROJECT

**Project Funding**

AMOUNT OF CDBG FUNDS REQUESTED	\$
TOTAL FUNDS OBTAINED FROM OTHER RESOURCES	\$
TOTAL COST OF PROJECT	\$

**BACKGROUND INFORMATION**

**Organization History and Purpose**

**Description of the Community Need**

**Method or Solution Proposed (Identify new service or quantifiable increase in the existing service)**

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**How Project will Effectively Address Problem(s)**

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**Resources Necessary for Project**

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**Results**

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**CLIENT DATA (ensure that totals agree between client tables)**

**Precinct and Census Tract (Use data from February 2008 through January 2009.)**

Precinct Number	1	2	3	4	Non-County	Total
Census Tract Served						
Number of Clients Served						

If Applicable, explain why agency serves non-urban county residents:

**Ethnicity and Gender (Use data from February 2008 through January 2009.)**

Ethnicity	Male	Female	Total
White			
Black			
Native American			

<b>Asian</b>			
<b>Hispanic</b>			
<b>Other</b>			
<b>Total</b>			

**Age of Client Population** (Use data from February 2008 through January 2009.)

<b>Client Age</b>	<b>0-5</b>	<b>6-13</b>	<b>14-18</b>	<b>19-21</b>	<b>22-34</b>	<b>35-54</b>	<b>55-64</b>	<b>65+</b>	<b>Total</b>
<b>Number of Clients Served</b>									

Explanation if needed:

**Percent Low-Mod**

**Eligibility**

**Does project participation depend upon income or any other determination of eligibility?**

YES                      NO

**If yes, attach the program's eligibility criteria.**

**Does the project charge client fees?**

YES                      NO

**If yes attach the program's fee policy.**

**Service Area (Identify the geographic boundaries of the proposed service area. Please include cities and/or areas served. Attach a map that shows the project site and/or defines the service area.)**

**SERVICE COLLABORATION**

Agency/Program Name	Type of Collaboration	Length of Affiliation	Impact for Client

**BOARD DATA**

NUMBER OF BOARD MEMBER POSITIONS AUTHORIZED	
NUMBER OF BOARD MEMBER POSITIONS FILLED	
NUMBER OF ANNUAL BOARD MEETINGS SCHEDULED	
THE LENGTH OF THE BOARD MEMBERSHIP TERMS	
NUMBER OF CONSECUTIVE TERMS A MEMBER CAN SERVE	

**Briefly describe how board members are recruited and selected**

**PROGRAM FUNDING DATA**

Funding Source	Previous Year FY 07/08	Current Year FY 08/09	Requested FY 09/10
Local Government			
State Government			
Federal Government			
Non-Government			
In-Kind Contributions			
Total Funding			

**Specify each funding source and the amount awarded by each.**

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**Authorization**

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<b>Executive Director</b>	<b>Signature</b>	<b>Date</b>
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<b>Chair of Board of Directors</b>	<b>Signature</b>	<b>Date</b>
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Please include the following documents with this proposal:

1. Detailed budget of project, specifically outlining the use of CDBG funds and leveraged funds for this project.
2. Agency charter and amendments.
3. Agency by-laws and amendments.
4. Copy of the agency's mission statement
5. Copy of the board minutes detailing election of current Board Officers.
6. Schedule of board meeting dates and locations for the proposed fiscal year.
7. Organization chart of the agency's total organizational structure which clearly identifies each position for which funding is requested.
8. Resumes of executive director and key staff for this project.
9. Tax exempt Status (copy of current authorization).
10. Certificate of Occupancy (copy of current authorization).
11. Copy of most current fiscal audit of the agency.
12. Job descriptions for personnel positions that are included in the proposal budget.