

**CDBG Application Questionnaire  
Program Year 2009-2010**

**APPLICANT INFORMATION**

1. Organization or Department Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Name and Title of Activity Administrator: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Description of your organization and your experience and capacity to implement the activity being proposed:
6. Total Proposed Request: \$ \_\_\_\_\_  
Check one: \_\_\_\_\_ On-going Support      \_\_\_\_\_ New Project
7. If your organization is submitting multiple applications, please rank your applications:  
\_\_\_\_\_ out of \_\_\_\_\_

**ACTIVITY INFORMATION (attach additional sheets if necessary)**

7. Activity title: \_\_\_\_\_
8. The proposed activity must meet one of the **eligibility categories** listed below. PLEASE CIRCLE ONE.
  - A. Acquisition
  - B. Disposition
  - C. Public Facilities and Improvements
  - D. Clearance Activities
  - E. Public Services
  - F. Interim Assistance
  - G. Relocation
  - H. Housing Services
  - I. Micro-enterprise Assistance
  - J. Technical Assistance
  - K. Rehabilitation – Commercial and/or Residential
  - L. Code Enforcement
  - M. Historic Preservation
  - N. Lead-based Paint Hazard Evaluation and Reduction
  - O. Special Economic Development Activities
9. The proposed activity must meet one of the **national objectives** listed below. PLEASE CIRCLE ONE.
  - A. Project benefits residents of a specific area – at least 51% low and moderate income residents
  - B. Project benefits limited clientele – at least 51% low and moderate income persons
  - C. Housing activities for low and moderate income persons
  - D. Job creation/retention for low and moderate income persons

- E. Prevention of slums and blight
- F. Meets community development urgent needs

10. Describe the proposed activity including need, benefit, organizational capacity, other resources and collaboration.

11. Describe how the activity addresses an unmet need in the community and the number of persons expected to benefit from the activity.

12. Describe the work plan for a performance schedule that includes activities and completion dates for the proposed activity.

Activity	Completion Date

13. Detail any other funds that will be used for the proposed activity.

Fund Type/Description	Fund Amount
<b>Other Federal Funds (describe):</b>	
<b>State Sources (describe):</b>	
<b>Local Sources (describe):</b>	
<b>Other Funds (describe):</b>	

14. Detail the budget for the proposed activity.

<b>Budget Category</b>	<b>Proposed Project (CDBG Portion)</b>	<b>Other Sources</b>	<b>Total</b>
A. Salaries & Wages	\$	\$	\$
B. Fringe Benefits	\$	\$	\$
C. Consultant/Contract Services	\$	\$	\$
<b>Total Personnel Budget</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
D. Office Rent	\$	\$	\$
E. Utilities	\$	\$	\$
F. Telephone	\$	\$	\$
G. Office Supplies	\$	\$	\$
H. Equipment	\$	\$	\$
I. Printing	\$	\$	\$
J. Travel	\$	\$	\$
K. Other (Specify)	\$	\$	\$
<b>Total Non-Personal Budget</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Project Budget</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Please revise this form and annotate budget items as needed.			

15. Will the activity generate program income? If so, please explain.

Please mail or deliver application to: Roberta Kyle, City of Yuba City, 1201 Civic Center Blvd., Yuba City, CA 95993. **Applications must be received no later than 12:00, Noon, Friday, April 3, 2009.**

Prior to HUD's release of grant conditions and/or funds for the CDBG funded project, a review of the project's potential impact on the environment must be conducted.

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