



**COMMUNITY DEVELOPMENT
BLOCK GRANT (CDBG) PROGRAM
CARLISLE BOROUGH**

Plan Year: _____

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Type of Organization:

- _____ Municipal Government
- _____ Private Non-Profit - 501(c)(3) or 501(c)(4)
- _____ Private For-Profit
- _____ Community Housing Development Corporation (CHDO)
- _____ Other

Applicant's Chief Executive Officer: _____

Staff Contact Name and Title: _____

Telephone: _____ **Email:** _____

Applicant's Fiscal Year: _____ **Applicant's UEI Number:** _____

Applicant's Federal Employer Identification Number: _____

PROJECT INFORMATION

Project Name: _____

Project Location: _____

Type of Project:

- _____ Acquisition of Property
- _____ Rehabilitation of Housing Units (Single-Family)
- _____ Rehabilitation of Housing Units (Multi-Family)
- _____ Construction of Housing Units

- _____ Public Facility (such as community center, recreational facility, streets, streetscape, curbs and sidewalks, water, sewer, and storm water systems)
- _____ Public Service (such as counseling, service coordination, crime prevention, recreational programs, and training programs)
- _____ Economic Development, Direct Assistance to a For-Profit Entity (such as loans and grants to businesses for acquisition, renovations and rehabilitation, equipment and working capital)
- _____ Removal of Architectural Barriers (such as curb cuts, ramps, and accessibility improvements)
- _____ Removal of a Blighting Influence (such as rehabilitation, demolition, or clearance)
- _____ Code Enforcement in an LMI Revitalization Area

Which of the following national objectives is the proposed project intended to achieve?

- _____ Benefit principally low-to-moderate income (LMI) persons
- _____ Prevent or eliminate a condition of slum or blight

If the national objective is to benefit principally LMI persons, how will LMI status be determined in order to meet that objective?

- _____ Area-Wide Project (51% or more of residents of the designated service area are LMI as established by census data or survey)
- _____ Service or benefit will be limited to those who are required to document that they are LMI
- _____ Service or benefit will be limited to those who are in a class of persons who are presumed to be LMI (disabled adults, elderly, homeless, abused children, battered spouses, etc.)
- _____ Service is of such a nature and in such a location that it may be reasonably presumed that beneficiaries will be primarily LMI persons

Is the proposed project a continuation of a project currently supported with CDBG funds?

- _____ Yes
- _____ No

The anticipated project start date is _____ and the completion date is _____

Amount of funding requested on this application:

Personnel Costs: _____

Non-Personnel Costs: _____

Total Amount Requested: _____

Other funds available for this project (please provide source and amount):

1. _____

2. _____

3. _____

4. _____

Total project cost (amount requested + other available): _____

PROJECT NARRATIVE *(attach additional pages as needed)*

Please provide a general description of the project activities.

Please describe the unmet critical need this project will address.

Describe the problem or need for the project and how the project addresses one of needs identified in the Consolidated Plan.

Please share how the project will have an identifiable and measurable impact on the need; include a description of the anticipated outcomes.

Return completed application to:

**Borough of Carlisle
53 West South Street
Carlisle, PA 17013**