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| St. Louis County, MN | St. Louis County, Minnesota  Community Development Block Grant (CDBG) APPLICATION | | | | | | Form  1001  Rev. 8/12/2022 |
| **About**: The Community Development Block Grant (CDBG) Program provides funds for community facility and public infrastructure improvements, economic development, housing activities, and public service activities. Eligible applicants are cities, townships, and nonprofit agencies within St. Louis County providing services outside the Duluth city limits. For more information, see our website at: [https://www.stlouiscountymn.gov](https://www.stlouiscountymn.gov/departments-a-z/planning-development/community-development/community-development-block-grant-cdbg) | | | | | | | |
| APPLICANT INFORMATION | | | | | | | |
| Organization/Applicant Name | | | | | | | |
| Type of Organization  Government  Non-profit | | | Daytime # | | | Date | |
| Address | | | City | | State | ZIP | |
| Email | | |  | | | | |
| Contact Person *If applicable* | | Contact Person # | | |  | | |
| Federal Id Number | | Unique Entity Identifier Number | | | | | |
| PROJECT INFORMATION | | | | | | | |
| Project Title | | | | | | | |
| Site Address *If applicable* | | | City | |  |  | |
| PROJECT TYPE | | | | | | | |
| Housing Community Facility Public Infrastructure Economic Development  Public Service | | | | | | | |
| PROJECT ACTIVITY | | | | | | | |
| Acquisition Clearance Infrastructure Historic Preservation  Rehabilitation  Public Services Economic Development Accessibility Improvements Other | | | | | | | |
| FUNDING REQUEST | | | | | | | |
| Amount of ($) of CDBG Request | | | |  | | | |
| Amount of ($) of Community or  Agency Resources | | | |  | | | |
| Amount ($) from Other Sources | | | |  | | | |
| **Total Project Cost ($)** | | | | **$0.00** | | | |

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| APPLICATION NARRATIVE |
| Please describe the problem or need and how it was identified. |
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| What are you proposing to do to address the problem or need? |
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| How will CDBG funds be used and what is the timeframe for the project or program? |
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| What is the status of uncommitted funding to the project? |
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| What is the status of the organization’s open CDBG awards? (Not applicable to first time applicants) |
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| **GOALS & OUTCOMES** | | | | | |
| **All applicants please fill out first two columns** *Goal\* & Outcome\****. Public Service only must fill out all columns.** | | | | | |
| **Goal\*** | **Outcome\*** | **Indicators** | **Measure** | **Performance Target** | **Previous Year Results** |
| Goal |  |  |  |  |  |
| Objective/Activity |

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| **All applicants please fill out first two columns** *Goal\* & Outcome\****. Public Service only must fill out all columns.** | | | | | |
| Goal\* | Outcome\* | Indicators | Measure | Performance Target | Previous Year Results |
| Goal |  |  |  |  |  |
| Objective/Activity |

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| **BUDGET WORKSHEET** | | | | | | |
| **Estimated Source and Use of Funds** | | | | | | |
| **Use of Funds** | **Source of Funds** | | | | | |
|  | **CDBG Request** | **Total Community or Agency Resources** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** |  |
| **Expected Start and End date**  **of Funding** | Begin 05/01/2023  End 10/31/2024 | Begin  End | Begin  End | Begin  End | Begin  End |  |
| **Status of Funding** |  | Committed  Not Committed | Considering  Applied for  Committed | Considering  Applied for  Committed | Considering  Applied for  Committed |  |
| **Itemize Activity/Use of Funds below:** | | | | | | |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
|  |  |  |  |  |  | $ 0.00 |
| TOTAL | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

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| ORGANIZATIONAL STRUCTURE | | | |
| Please list members of the project team and describe their roles. | | | |
| Member Name | | Role | |
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| ATTACHMENTS | | | |
| Required attachments for ALL applicants. | | | |
| A resolution by the governing body authorizing the applicants to apply for and receive funds. | | | |
| One copy of the most recent financial statements. *(First time applicants only).* | | | |
| Other relevant information. | | | |
| Required attachments only for the public bodies that are applying for PUBLIC INFRASTRUCTURE projects. | | | |
| A Map of the project area. | | | |
| Current residential and commercial water and sewer rates. | | | |
| Date of most recent increases in water and sewer rates. | | | |
| Average monthly residential water and sewer bill. | | | |
| AGREEMENT | | | |
| Authorized Applicant Name: | Title | | Date: |
| Please type your name or print and sign. | | | |