# **FY20 CDBG Supplemental Funding (CDBG-CV)**

# **Human Service Program Application**

# **Part 1: Applicant’s Information**

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Position**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Part 2: Funding Request**

1. Please state the title of the proposed project, amount requested, and the number of unduplicated individuals to be served. Do not list households, only individuals.

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| **Title of Proposed Project:** |  |
| **Amount Requested (use whole dollars, no cents):** | **$** |
| **Number of Unduplicated Individuals to be Served:** |  |

1. Please explain the use of the above requested funds **to prevent, prepare for, and respond to the coronavirus** among low- to moderate-income individuals and families in Newton. Please also indicate whether these funds will be used for a **new service, an increase in existing service, or to support level service**.

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1. How has COVID-19 impacted your organization’s finances and operations?

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1. How has COVID-19 impacted your clientele?

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# **Part 3: Authorization to Submit Proposal**

This application is submitted by the undersigned with the full knowledge and consent of the governing body of this organization and is, to the undersigned’s best knowledge, accurate in all details. The undersigned also certifies he/she has reviewed the terms and conditions stated in the RFP for receiving and expending the FY20 CDBG Supplemental Funds (CDBG-CV).

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Signature: Date:

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| **Personnel Costs** | | | | | | |
| **Job Title** | **Hourly Rate** | **Total Salary + Fringe Benefits for this Position** | **Salary Billed to CDBG-CV** | **Fringe Billed to CDBG-CV** | **Total CDBG-CV Costs for this Position** | **% of Salary + Fringe Charged to CDBG-CV** |
| Example: | $31.30 | $65,100 | $26,250 | $6,300 | $32,550 | 50% |
| Case Manager |
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| **TOTALS** | **$** | **$** | **$** | **$** | **$** |  |

# **Part 4: Budget**

Complete the following budget for personnel and non-personnel activity costs. Eligible costs must be incurred between **March 10, 2020 – December 31, 2020.**

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| --- | --- | --- | --- |
| **Non-Personnel Activity Costs** | | | |
| **Program Activity Costs** | **Total Activity Costs** | **Total Activity Cost Billed to CDBG-CV** | **% of Total Activity Costs Billed to CDBG-CV** |
| Example:  Financial Assistance | $1,600 | $800 | 50% |
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| **TOTALS** | **$** | **$** |  |