

**FY 2017 MILLCREEK TOWNSHIP
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Application for Funding Assistance**

NAME OF APPLICANT			
CONTACT PERSON		TITLE	
ADDRESS			
PHONE NO.		E-MAIL	

PROJECT NAME			
PROJECT LOCATION			
BRIEF PROJECT DESCRIPTION:			
AMOUNT OF CDBG FUNDS REQUESTED			

FUNDING – In addition to the CDBG funds being requested, please identify the following: other sources of funding/amount to be used to support the proposed CDBG activity; what the other funds are to be used for; and whether this funding is secured or proposed.

FUNDING SOURCE	AMOUNT	Other \$ To be Used For?	PROPOSED (P) SECURED (S)
CDBG			
Federal/Other			
State/Other			
Local			
Private			
In-Kind			
TOTAL PROJECT COST			

<p>PROJECT BENEFICIARIES:</p> <p>___ Number of families to benefit</p> <p>___ Number of persons to benefit</p> <p>___ Number of low-to-moderate income (LMI) persons to benefit</p> <p>___ Percentage of LMI persons to benefit</p>

PROJECT NARRATIVE

Describe the Project in *detail* in terms of the following:

- A) Which need identified in the Township’s Five Year Plan Summary (*Exhibit 5 of Guidelines*) does your project propose to address?
- B) How will the project address the need/problem? Describe the project in detail.
- C) How will the project principally benefit low-to-moderate income persons?
- D) Describe how and by whom the project will be administered.
- E) Provide a project location map, pictures, etc.

Attach additional pages as necessary

PROJECT BUDGET

Project Name: _____

Item #	Description	Unit	Quantity	Unit Price	Cost
1					
2					
3					
4					
5					
6					
7					
	Construction				
	Engineering/Construction Inspection				
Total					

Cost Estimate provided by: _____

Note: Use another format if not applicable to your project.

BUDGET NARRATIVE

(Provide a narrative that describes the activities identified on the budget)