



**City of Martinsburg**  
232 N. Queen Street  
Martinsburg, WV 25401  
(p) 304-264-2131 (f) 304-264-2136  
www.cityofmartinsburg.org

**FUNDING REQUEST  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM  
FY 2013-2014 (JULY 1, 2013 - JUNE 30, 2014)**

Attachments: CDBG Program Information packet including information about Eligible Activities, National Objectives and Outcomes, Performance Measures and Low/Moderate Income Areas Map.

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this organization registered as a charitable organization under Section 501(c) (3) of the Internal Revenue Code?  No  Yes

Federal Tax ID Number: \_\_\_\_\_ D-U-N-S Number \_\_\_\_\_

Year incorporated as a West Virginia Nonprofit: \_\_\_\_\_

Name of Project/Program for which CDBG funds are requested:

\_\_\_\_\_  
**Activity/Project/Program Location** (include street address, neighborhood or area served):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of CDBG Funds Requested: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**2. PROJECT BUDGET AND FUNDING: INCLUDE FUNDING ONLY FOR THIS PROJECT or ACTIVITY – NOT THE ORGANIZATION’S OPERATING BUDGET.**

Project/Program costs will be funded with the following sources (Source and Amount):

ADD ADDITIONAL LINES IN BUDGET IF NEEDED

<u>Source</u>	<u>Committed Yes/No</u>	<u>Amount</u>
1. <u>CDBG Funds</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
TOTAL Activity/ Project Budget		_____

Annual Organization Operating Budget: \_\_\_\_\_

**3. PROJECT OBJECTIVES AND OUTCOMES**

**This project or activity is:** (Select only one)

- Public service for low income persons (more than 51% of clients are low income)
- Improvement of a public facility that serves low income persons or special needs populations

**ATTACH WORK WRITE UP AND COST ESTIMATES FOR PUBLIC FACILITY IMPROVEMENTS**

- Providing housing improvements or handicapped accessibility for low income persons
- Promote housing opportunities or supportive services for the homeless
- Promote housing to address special needs populations
- Economic Development/New Job Creation
- Promote workforce development or create new job opportunities for the unemployed/underemployed
- Infrastructure improvements

Number of low and moderate income people served annually by this project: \_\_\_\_\_

**Describe the Specific Activity/Project/Program and the Beneficiaries served by this activity only** (number of persons served, income level, service area, etc.): Attach not more than one additional page if more space is required. THIS IS NOT AN OVERALL PROGRAM DESCRIPTION FOR THE ORGANIZATION.

#### **4. Organization and Service/Program Description**

Organization Legal Name:

1. Organization Mission Statement or Purpose:

2. Describe the services/programs provided by your organization:

3. Describe how your organization reaches its clients/consumers. How do clients access your services and programs?

4. Demographic and economic characteristics of clients/population served:

5. What records are maintained about client intake, income, family members, services provided?

6. How do you use volunteers (if any) in your organization? What training is provided to them?

7. What are your days and hours of operation?

8. What are the responsibilities of the Board of Directors?

The undersigned certifies the information contained herein is true, correct and complete to the best of his/her knowledge and belief. The applicant further understands that the application is a request and there is no guarantee, expressed or implied, that funds will be provided to the applicant. All organizations awarded federal funds will be subject to federal and local regulatory compliance.

**Submitted by**

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Attach a copy of the following items:

- Organization Budget for current year showing sources of funds and types of expenses.
- Commitment letters from non-CDBG sources or evidence of application for funds, if available
- Most recent financial audit or statement, including balance sheet and income statement
- Most recent IRS Form 990 submittal (or tax return)
- Most recent annual report
- Current Officer and Board Member list
- List of Staff and/or volunteers working on this project
- Articles of Incorporation (if not CDBG funded in last 3 years)
- IRS Determination Letter (if not CDBG funded in last 3 years)
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)

**Applications are due by 4:00 P.M. on Monday, January 28, 2013.**

**Provide one (1) original and one (1) copy of application and attachments NOT STAPLED or BOUND.** Applications and attachments should be in an 8-1/2" x 11" format. Applications may be submitted electronically at [pmcmillan@citymartinsburg.org](mailto:pmcmillan@citymartinsburg.org).