



CDBG COVID-19 Funding Application

Name of Agency: _____ Date: _____

Address of Agency: _____

Telephone: _____

Contact Person: _____ E-mail address _____

List of Activities- Check all activities your agency is applying for.

<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Rental Assistance
<input type="checkbox"/>	Rental Assistance – Utilities
<input type="checkbox"/>	Mortgage Assistance
<input type="checkbox"/>	Food and Nutrition Assistance
<input type="checkbox"/>	Medical & Testing Assistance
<input type="checkbox"/>	Charity Tracker license
<input type="checkbox"/>	Medical Safety Supplies
<input type="checkbox"/>	Small Business Financial Assistance

Brief Project(s) Description:

Proposed number of Person to be Assisted: _____

Target Income: _____

Proposed target Area: _____

Proposed Schedule:

	Activities to be Completed	Target Start Date	Target Completion Date
<i>Ex.</i>	<i>Utilities assistance</i>	<i>July 2020</i>	<i>September 2020</i>
1			
2			
2			
4			

Budget:

	Activity Details	Amount of Funds Requested	Other Sources	Total Budget
<i>Ex.</i>	<i>Utilities Deposit</i>	<i>\$2,000</i>	<i>Private Donations \$500</i>	<i>\$2500</i>
1				
2				
3				
4				
5				
6				
	TOTAL			

Signature: _____ Date: _____

Name: _____ Title: _____

COVID-19 Funding Checklist of Completion and Required Attachments

- _____ Copy of IRS 501(c)3 - Non-profit determination letter

- _____ Certificate of Good Standing or Article of Incorporation.

- _____ List of board members, email addresses, and contact information.

- _____ Contact information of director(s)