APPLICATION COVER PAGE
CITY OF DULUTH
COMMUNITY DEVELOPMENT PROGRAMS
Please submit completed applications to duluthcommdev@duluthmn.gov

APPLICANT INFORMATION

Organization Name: _____

Address:

Contact Person: _____

Phone: _____

E-mail: _____

Type of Organization: _____

PROPOSAL INFORMATION

Proposal Name: _____

Funding Amount Requested: _____

Proposal Service Goal:

_____   _____
(number served with CDBG/ESG/HOME funds)   (unit: households, people, etc.)

LMI Service Goal %: _____

Please indicate the applicable funding category(s):

Community Development Block Grant	HOME Investment Partnership	Emergency Solutions Grant Program
☐ Housing	☐ Homeowner Development	☐ Shelter Operation
☐ Economic Development	☐ Rental Development	☐ Street Outreach
☐ Public Facilities	☐ CHDO Operating	☐ Flex Fund
☐ Public Services	☐ Project Specific Loan	☐ HMIS
	☐ Buyer Assistance	
	☐ Tenant Based Rental Assistance	

☐ Unsure of funding category

The information you provide on this application is classified as public data under the Minnesota Government Data Practices Act. Public data must be provided to any person or entity that requests it.

1.   CONSOLIDATED PLAN PRIORITY AND ELIGIBLE ACTIVITY

Proposal Summary (40 words or less):

Consolidated Plan Goals: Please indicate which Consolidated Plan goal(s) the proposed project addresses and explain how it addresses each goal.

☐ Infrastructure Improvements   ☐ Increase Incomes   ☐ Homeless Services
☐ Transportation Access   ☐ Create Living Wage Jobs   ☐ Public Services
☐ Affordable Housing   ☐ Health Services   ☐ Childcare Access
☐ Neighborhood Revitalization   ☐ Food Access

CD Committee's Mission: Describe how the proposal meets the stated Community Development Committee's mission *to invest in community programs that help low and moderate income people by addressing basic needs, providing affordable housing, and increasing economic self-sufficiency.*

Anti-Poverty Strategy: Please indicate which Anti-Poverty Strategy policies the proposed project addresses and explain how it addresses each policy.

Policy 1: Training and Career Development

Policy 2: Remove Barriers to Obtaining Employment

Policy 3: Reduce Housing and Utility Costs

Policy 4: Increase Affordable Housing Units

Policy 5: Increase Access to Affordable and Healthy Food Options

Eligible Activity and National Objective (Describe how this proposal will meet HUD's National Objective and identify the Eligible Activity):

Specialized Improvement Area (If applicable, describe how this proposal will benefit a Specialized Improvement Area):

2.   PROJECT READINESS

3.   PROJECT IMPACT AND DELIVERY

Achievement of Expected Results:

Target Clientele:

Outcome Measurements:

Business/Operations Plan Approach:

4. BUDGET NARRATIVE PAGE (Financial Considerations)

Source	Amount	
	Secured	Anticipated
CDBG		
ESG		
HOME		
Total		

B. Program Uses:

_____ CDBG/ESG/HOME per one _____served
(_____/_____)

_____ per one _____ served
(_____/_____)

C. Funding Need:

BUDGET SPREADSHEET

Total Application Request for City Funds: _____

Sources and Uses of Funding for Application

Itemize budget and list what source(s) will pay for each line item. Table should include the budget for the entire program/project. Please indicate the service goal for each type of HUD funding in the box above the applicable funding source(s).

Project Service Goal						
Budget Item	CDBG	ESG	HOME	Other Public	Other Private	Total
TOTALS						

HOUSING SPREADSHEET

**Required for Housing Projects ONLY

Fill out the table below to summarize the types of units in the project. Please fill in the number of units that will be single family or multifamily and the number of owner occupied and rental units.

Rehab Projects				
	Owner Occupied	Rental	Total	CDBG/HOME unit cost
Single Family Units				
Multifamily Units				
Total				
New Construction Projects				
	Owner Occupied	Rental	Total	CDBG/HOME unit cost
Single Family Units				
Multifamily Units				
Total				