



Community Development Block Grant Program

Community Development Block Grant (CDBG) Pre-Application

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| Contact Name & Title: | | | |
| Contact Email Address: | | Contact phone number: | |
| Organization Name: | | | |
| Organization Address: | | | |
| Please identify type of organization applying for funds: <input type="checkbox"/> 501c3 <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith based Organization <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Other, please describe: | | | |
| Organization UEI Number: Required before funds can be awarded. If you don't have UEI # instructions available here: https://sam.gov/content/duns-uei | | | |
| Registration with System for Awards Management (SAM)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Required before funds can be awarded. If you are not currently registered and interested in receiving funds you must register to do business with federal government at: https://www.sam.gov/SAM/. Registration is free for applicants.</i> | | | |
| Tax ID Number: | | | |
| Project Name: | | | |
| Project Location: | | | |
| Service Area of the Project. Will all clients be Town of Barnstable residents? If not, please provide percentage of Barnstable residents served. Regional, Town wide or limited to specific area or census tracts? | | | |
| Eligible Activity Please check the type of eligible activity you are proposing <input type="checkbox"/> Acquisition of property for <input type="checkbox"/> affordable housing or <input type="checkbox"/> public facility <input type="checkbox"/> Micro-enterprise business assistance (5 or fewer employee incl. owners) <input type="checkbox"/> Job retention or creation activity <input type="checkbox"/> Public service (must be new or quantifiable increase in service) <input type="checkbox"/> Public facilities & improvements <input type="checkbox"/> Housing rehabilitation for <input type="checkbox"/> LMI tenants <input type="checkbox"/> LMI owners <input type="checkbox"/> other, please describe: _____ <input type="checkbox"/> Direct financial assistance to 1 st time homebuyers <input type="checkbox"/> Commercial rehabilitation (code corrections or façade improvements only) | | | |
| Check if project is responding to: <input type="checkbox"/> Child care <input type="checkbox"/> Food Security <input type="checkbox"/> Homelessness | | | |
| Does project serve low and moderate income (LMI) persons? <input type="checkbox"/> yes <input type="checkbox"/> no <i>please explain below</i> LMI= HOME program low income (80% or less AMI) limit for Barnstable Town, MA MSA available online at: https://www.hudexchange.info/programs/home/home-income-limits/ | | | |
| Brief Project description: (please include need for project, population served, and intended use of funds) | | | |
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| Estimated number of persons to be served by project: | | | |
| Of the total served, estimated low and moderate income persons served: | | | |
| Amount of CDBG funds requested: | | | |
| Amount of leveraged funds: (non-CDBG funds contributing to project) | | | |
| Please note: CDBG funds cannot be provided to reimburse costs paid by another funding source. A detailed budget will be requested in the full application to verify. | | | |

Please email completed application to: James.Kupfer@barnstable.gov with "CDBG Application" in the subject line.