

**Due Date: March 29, 2019**

**CITY OF DOWNEY  
DEPARTMENT OF COMMUNITY DEVELOPMENT**

**2019-2020 COMMUNITY DEVELOPMENT BLOCK GRANT  
PUBLIC SERVICES ACTIVITY FUNDING REQUEST**

**Executive Summary**

Note: Executive summary should include, but not limited to, the following: Description of the service, financial capacity, experience providing the proposed service, experience managing CDBG or other federal funding, level of personnel experience, etc. Feel free to provide brochures on the program.

**Applicant Information**

**Amount Requested \$** \_\_\_\_\_

Name of Agency/Organization: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Name, title, phone # and e-mail of Contact Person: \_\_\_\_\_

Organization is a: \_\_\_ Non-Profit, \_\_\_ For Profit    Years in business \_\_\_ Fed. Tax ID # \_\_\_\_\_

**Summarize Purpose & Mission of Agency/Organization:**

**Program/Activity Information**

Briefly describe 1) what the CDBG funds will be used for; 2) the specific need or problem in Downey the grant will address; and 3) the target population the proposed activity will address.

**Program/Activity Beneficiaries In 2019-20**

1. Estimate the number of persons to be served \_\_\_\_\_

2. Estimate the number of Downey residents to be served \_\_\_\_\_

3. Estimate the number of low & moderate income  
Downey residents to be served \_\_\_\_\_

**What is the proposed Budget for this Program/Activity?**

	<u>Budget</u>	<u>Distribution of Downey's CDBG Funds</u>
Personnel	_____	_____
Space Rent/Utilities	_____	_____
Consultants/Services	_____	_____
Insurance	_____	_____
Equipment & Supplies	_____	_____
Other Cost	_____	_____
	_____	_____
Total Proposed Budget	\$ _____	_____

**List all Revenue and Funding Sources for this Program?**

	Current Year Funding	Proposed Funding Amounts	Identify Revenue Sources
City of Downey	_____	_____	<u>CDBG</u> _____
Other Cities	_____	_____	_____
County of L.A.	_____	_____	_____
Federal Agencies	_____	_____	_____
State Agencies	_____	_____	_____
Private Donations	_____	_____	_____
Others (Please list)	_____	_____	_____
	_____	_____	_____
Total Funding	\$ _____	\$ _____	

**Authorized Signature:** To the best of my knowledge, all statements made in this application are true and correct. If funds are to be granted to our organization, they will be used for a CDBG eligible purpose. I understand that \$2,000,000 in liability insurance will be required by the City and that any formal Agreement with the City will include CDBG reporting and program provisions.

Name \_\_\_\_\_ Title \_\_\_\_\_  
(PRINT OR TYPE)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Application by **Friday, March 29, 2019** to:

City of Downey - Housing Division, 11111 Brookshire Avenue, Downey, CA 90241.