



City of Springdale  
Community Development Block Grant Program  
201 Spring Street  
Springdale, Arkansas 72764  
Phone (479) 750-8175



**Community Development Block Grant Program**  
**Application for Public Service Funds**  
**2020 Program Year: July 1, 2020 – June 30, 2021**

The City anticipates having a maximum of \$81,000 available for non-profit agencies.

**The last day to submit an Application for Funding is February 1, 2020.**

1. Agency's Name: \_\_\_\_\_

2. Director's Name: \_\_\_\_\_

3. Director's e-mail address: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Physical Address: \_\_\_\_\_

6. Telephone #: \_\_\_\_\_

7. Organization's Duns Number (required): \_\_\_\_\_

8. Federal Tax Identification Number (required): \_\_\_\_\_

Activity Title: \_\_\_\_\_

Activity Director's Name: \_\_\_\_\_

Activity Director's Email: \_\_\_\_\_

Amount of Community Development Block Grant Funds requested? \_\_\_\_\_

Briefly describe the history of your organization, including number of years in operation and type of services provided.

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

Briefly describe the mission of your agency:

---

---

---

Briefly describe your funding sources:

---

---

---

---

Other sources of funding and/or donations:

---

---

---

---

Provide the number of clients served in the last 12 months.

---

Provide the number of Springdale clients served in the last 12 months.

---

### **Activity Summary**

Please provide a brief description of the activity that includes the following components:

Brief description of the activity:

---

---

---

---

Need for the activity:

---

---

---

---

Goals and objectives of the activity:

---

---

---

---

Describe the persons or groups that will benefit from the activity, including the estimated number of low-to-moderate-income Springdale residents:

---

---

Describe how the activity will be evaluated:

---

---

---

---

Described the personnel required to administer the activity:

---

---

---

---

Describe the method of implementation and the framework for documenting compliance with the National Objectives of the Community Development Block Grant Program including, a discussion of how units of service will be measured and indicators of accomplishments.

---



---



---



---

**Estimated Activity Budget**

Proposed funding period (from) \_\_\_\_\_ to \_\_\_\_\_

Cash from Applicant \_\_\_\_\_ \$ \_\_\_\_\_

In-Kind \_\_\_\_\_ \$ \_\_\_\_\_

Cash from other sources \_\_\_\_\_ \$ \_\_\_\_\_

Community Development Block Grant funds requested \_\_\_\_\_ \$ \_\_\_\_\_

Total estimated activity funding \_\_\_\_\_ \$ \_\_\_\_\_

+++++

**Estimated Activity Expenses**

Direct Benefits \_\_\_\_\_ \$ \_\_\_\_\_

Salaries \_\_\_\_\_ \$ \_\_\_\_\_

Materials and supplies \_\_\_\_\_ \$ \_\_\_\_\_

Rent/utilities \_\_\_\_\_ \$ \_\_\_\_\_

Printing/postage \_\_\_\_\_ \$ \_\_\_\_\_

Advertising \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Total Activity Cost \_\_\_\_\_ \$ \_\_\_\_\_

**Certifications**

Applicant agrees to comply with all State & City purchasing policies & procedures (available from City of Springdale Purchasing Officer)

Applicant certifies that project will comply with all federal, state, and local rules, laws and regulations governing the administration of the CDBG funds

Name of Applicant \_\_\_\_\_ Date\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

If awarded funding, provide the name and title of the person authorized to sign an agreement with the City of Springdale.

\_\_\_\_\_

If awarded funding, provide the name and title of the person that will be the primary contact and required to submit quarterly reports to the City of Springdale.

\_\_\_\_\_

**Financial Audit Requirements**

Include a breakdown by category of your agency’s operating budget, commitments for ongoing funding, and a description of fiscal management systems currently in place.

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

Please attach a copy of the most recent financial statement and audit of your organization.

**Additional Information Required**

Please submit these documents with your request (all that apply).

- 1. Articles of Incorporation
- 2. Non-profit determination
- 3. List of Board of Directors
- 4. Authorization to request funds
- 5. Resume or Qualifications of Activity Administrator

**Additional Comments or Explanation**

---

---

---

---