

FOR TOWN USE ONLY

Date: _____

Application No. _____

Staff Initials: _____

Approved ☐ Denied ☐

Amount Awarded\$ _____



**Huntington Community Development Agency
Community Development Block Grant Fund Application
Fiscal Year 2025**

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

DUNS #: _____ FED. TAX ID #: _____

If you are an organization, do you have a federal 501 (c) 3 IRS status? Yes _____ No _____

Is your organization subject to fiscal Single Audit Requirements? Yes _____ No _____

What year was your organization founded/established: _____

Physical Address of Project: _____

Description of Project:

For public service organizations specifically describe what funds will be spent for including :

1. **WHAT** products or services are to be performed (ie., youth counseling);
2. **WHERE** they are to be provided (physical address);
3. **WHOM** the services are to be provided for are (population type ie., low income youth) and;
4. **HOW** they are to be provided. (attach additional information, if needed)

If this is a Capital project* (ie, playground equipment for a park, sidewalks, street lighting), please describe the nature of the project (attach additional information, if needed)

If a **Capital Project** what is the **number of persons** to be assisted that will have:

- **New access** to this infrastructure improvement or public facility? _____
- **Improved access** to this infrastructure improvement or public facility? _____

Define the community associated with the activity (attach additional information, if needed):

Anticipated Accomplishments (*attach additional information, if needed*):

Choose category and **provide the anticipated number to be assisted**:

Youth to be assisted _____ Elderly to be assisted _____ Jobs to be created _____
People to be assisted _____ Business to be assisted _____

Is the **main purpose** of this activity (**answer yes or no**):

To help the homeless? Yes _____ No _____

To prevent homelessness? Yes _____ No _____

To help those with HIV/AIDS? Yes _____ No _____

To help persons with disabilities? Yes _____ No _____

Is the activity to be carried out by the municipality? Yes _____ No _____

Is the activity to be carried out by the applicant? Yes _____ No _____

Is applicant a faith-based organization? Yes _____ No _____

Is application an institution of higher learning? Yes _____ No _____

Eligibility Criteria:

All projects must meet one of the three criteria (check box that applies)

☐ **Benefits Primarily Low and Moderate Income Persons**

- ❖ Project is in a low and moderate income area
- ❖ Household income data will be collected

☐ **Prevents and Eliminates Slums and Blight**

- ❖ Describe slums and blighting influences and how they will be eliminated
- ❖ Attach description and supporting documentation

☐ **Urgent Need**

- ❖ Describe the serious and immediate threat to health and safety
- ❖ Attach description and supporting documentation
