



**City of Lodi
Community Development Block Grant (CDBG)
2019-20 Annual Action Plan
Application Questions**

Applicant Name (Agency or Non-Profit) *: [INSERT]

Applicant Contact:

Please indicate the authorized signatory of your organization/agency, e.g. executive director, president, or equivalent.

Name * : [INSERT]

Address * : [INSERT]

Email * : [INSERT]

Phone Number *: [INSERT]

What is your organization's mission and briefly describe your programs and activities? (1000 character limit) * :

[INSERT]

Program or Project Name *: [INSERT]

Amount Requested * : \$00,000.00 [INSERT]

Program or Project Description (3000 character limit) * :

[INSERT]

General Information: Select the category which best describes the type of activity for which funds are being requested. *

- Public facilities and public improvements
- Economic development and employment training
- Real property acquisition or rehab

- Public services
- Crime prevention
- Building capacity of community resources
- Code enforcement (reduce blight)
- Homeless facilities
- Fair housing (prevent discrimination)
- Housing rehabilitation or home ownership assistance
- New housing construction (community-based development organizations only)
- Emergency repairs or assistance due to displacement
- Electrical utilities improvements
- Energy conservation and renewable resources
- Other, describe:

Project Eligibility: Indicate which HUD National Objective the activity meets. Low-income means households earning less than 80% of the area median income. *

- Benefit to low-income individuals or households
- Addresses the prevention or elimination of slums or blight
- Meets a particularly urgent community development need

Is this project new, continuing, or an expansion of existing project/program? To be eligible projects must be new or an expansion of existing project/program. *

- New
- Expansion of existing program/project
- Continuing

If your project/program received funding in the last program year, then briefly describe how your existing program has been expanded. For example, expansion may include an increase in the number of beneficiaries, new activities/services offered to beneficiaries, an additional location added, or program hours expanded. (250 character limit) *

[INSERT]

Consolidated Plan Goals: Which 2016–2018 Consolidated Plan goal or goals does your project/program address? *

- Improving access to social services
- Improving accessibility to public facilities
- Constructing/upgrading public facilities
- Addressing slum, blight, and nuisance conditions
- Building capacity and leadership in marginalized communities
- Preserving existing affordable housing
- Securing additional funding
- Expanding financial opportunities for lower-income individuals and families

Consolidated Plan Goals: Please briefly describe how your project/program addresses the selected goal or goals. (1000 character limit) *

[INSERT]

Beneficiary Description: Who will benefit from this program or project, and how will your organization track and report on beneficiaries? (2000 character limit) *

[INSERT]

Program/Project Accomplishments: How will you report your accomplishments? Please select one. *

- Individuals
- Households
- Housing Units
- Low-Income Area

About how many total people/households/housing units will your program assist? For neighborhoods, please estimate the number of low-income residents in the targeted area. If you have more than one type of activity to report within your project/program, then please indicate the number assisted per activity as well as the total. (250 character limit) *

[INSERT]

Project/Program Schedule: Please provide an overview of your program schedule, including start and end dates and milestones. (250 character limit) *

[INSERT]

Performance and Outcomes: Identify the beneficiary needs that this project/program will address? (3000

character limit) *

[INSERT]

Performance and Outcomes: How will your project/program meet the needs of the larger Lodi community? (3000 character limit) *

[INSERT]

Performance and Outcomes: What are the goals of your program or project and how will they address existing community needs, both to beneficiaries and larger Lodi community? (3000 character limit) *

[INSERT]

Does your project/program have an area-benefit or serve a limited clientele? (See Application Instructions for definition of terms.) *

___ Area - benefit

___ Limited clientele

Describe the location where services/improvements will be provided, including days and hours of operations and provisions for access to disabled persons. (850 character limit) *

[INSERT]

Organizational Capacity: Describe your organization's experience with similar programs/project. (1000 character limit) *

[INSERT]

Grant Management Experience: Please describe your organization's experience in managing federal and/or state grants. (1000 character limit) *

[INSERT]

Staff: Please identify the staff that will be available to assist on this project/program? Include their role and if they are Full Time Employees, Part Time Employees, or Volunteers. (1000 character limit) *

[INSERT]

Program Contact: Please provide the contact information for the person directly responsible for managing

the program or project on a day to day basis.

Name * : [INSERT]

Address (if different than the contact information address on Page 1): [INSERT]

Email * : [INSERT]

Phone Number * : [INSERT]

Position or Title * : [INSERT]

Years of Experience * : [INSERT]

Partner Agencies/Non-Profits: Will your organization be partnering with any outside agencies or groups on this project/program? If so, which agencies or groups will you be partnering with? Please identify which agency will take the lead in reporting and day to day program/project management. (250 character limit) *

[INSERT]

Could your program/project be successful if you received less than your requested grant funding? *

Yes

No

Unsure

If you answered "Yes" to the above, please describe the changes your organization will make so that the program or project is successful with reduced funding. (500 character limit)

[INSERT]

Will your project/program have other funding besides CDBG? Please provide an estimate of other funding, including funding sources and amounts. (1000 character limit)

[INSERT]

Please ATTACH your program/project budget for the 2019–20 year, and include a brief narrative of how

CDBG funding will be used and what costs will be covered by CDBG funds versus other non-CDBG funds. If applicable, please include direct and indirect cost allocation plan. *

-- Program/Project Budget for proposed project Attached

Please include the following additional Attachments:

-- Map indicating the location of your project/program within the City

-- Articles of Incorporation and By-laws and Amendments

-- Secretary of State Certification of Good Standing (Online printout/screenshot is acceptable)

-- Organizational Chart and Agency Mission Statement

-- Certified Audit (Most recent)

-- Profit and Loss Statement for most recent year.

-- Current Fiscal Year Agency Budget – including all funding commitments/sources

-- Other Documents