

**CITY OF MERCED**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)**  
**HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**  
**PROJECT FUNDING REQUEST APPLICATION**

**APPLICATION SUBMITTAL CHECKLIST**

*This checklist must be included as part of your organization's application packet.*

Program Year: \_\_\_\_\_

Project Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

**INSTRUCTIONS**

Enter an "X" next to each item below as you complete it. If the form or document listed does not apply to your project, enter "N/A" next to the item.

**APPLICATION**

<b><i>The following must be submitted to be considered for funding:</i></b>	
	Application Submittal Checklist (this form)
	Application for Funding ( <i>with below appendixes</i> )
	▪ Appendix A: Narrative of Project
	▪ Appendix B: Capital Improvement Project (CIP) Project Details
	▪ Appendix D: Project Implementation
	▪ Appendix E: Results of Prior Year Projects ( <i>as applicable to project; see form</i> )
	▪ Appendix F: Roster of Board Members
	Appendix C-1: List of All Funding Sources      Appendix C-2: Detailed Project Budget
	Appendix C-3: Supplemental Budget Form
	Two Years of Financial Audits (if organization expends \$1,000,000 or more of Federal funding during their fiscal year; <i>see 2 CFR Part 200 Subpart F for more info</i> )
	State and Federal Tax Exemption/Non-Profit Determination Letters
	Charter and/or Bylaws of your Non-Profit Organization
	Organization Chart
	Liability, Auto, Property, Workers Compensation, and/or Cyber Liability Insurance Certificates
	Current Request for Taxpayer Identification Number/Certification (W-9)
	<b>Mandatory: A responsible/executive representative of my organization:</b>

1. Attended at least one of the provided Funding Opportunity Info meetings.

*Date of meeting:* \_\_\_\_\_; *Employee name:* \_\_\_\_\_

~ OR ~

2. Met with City of Merced Housing Division staff individually to discuss regulations and requirements for my project. *Date of meeting:* \_\_\_\_\_; *Employee name:* \_\_\_\_\_



## APPLICATION SUBMITTAL CHECKLIST *(Continued)*

### PROJECT-SPECIFIC REQUIREMENTS: for PUBLIC SERVICES projects only

	Copy of Rental or Lease Agreement ( <i>A copy of your building lease agreement is required if funds are to be used to reimburse the eligible portion of your lease payments.</i> )
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### **CDBG Eligible Activity for Public Services Projects (must select one):**

	General Public Services		Child Care Services
	Homeless/AIDS Services		Health Services
	Senior Services		Abused and Neglected Children
	Disability Services (documentation req.)		Mental Health Services
	Legal Services		Lead Based Paint/Lead Hazards Screening
	Youth Services		Subsistence Payments
	Transportation Services		Homeownership Assistance (not direct)
	Substance Abuse Services		Rental Housing Subsidies
	Battered and Abused Spouses		Security Deposits
	Employment Training		Housing Counseling
	Crime Prevention and Public Safety		Neighborhood Cleanups
	Tenant/Landlord Counseling		Food Banks
	Illiterate Adults(Non-English/ESL)		Migrant Farm Workers

☐ Other not listed above (specify):

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### **OPTIONAL DOCUMENTS: Not required from any applicant, but enter an “X” next to the items if included in your application submittal**

	Exhibits: These refer to no more than two 8.5” X 11” pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).
	Letters: You may submit up to 3 letters of support for your project as part of your application submittal.

