

**THE CITY OF PHOENIX
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

PUBLIC SERVICE FOR NONPROFITS



City of Phoenix
Neighborhood Services Department

**PROPOSAL FOR
FISCAL YEAR 2009-10**

Format

Use the electronic Microsoft Word document or PDF Form provided by the City Of Phoenix. Be sure to answer all the Questions, complete the Schedules, and include Attachments as needed. Incomplete proposals will not be considered. Submit your proposal on 8½ x 11 inch paper. Please submit one (1) original with original signatures and three (3) copies of the complete proposal. Do not staple or bind the original or the copies. Faxes or electronic files will not be accepted.

Proposal Submission

Complete proposals must be received by the deadline. Proposals may be mailed or hand-delivered, but must be in the possession of Grants Administration staff by the deadline to be considered. **All proposals must be received by 5 pm on Monday, November 24, 2008, to be considered.**

Submit Complete Proposals to:

Barbara Bellamy, CDBG Program Manager
City Of Phoenix
Neighborhood Services Department
Grants Administration
200 West Washington, 4th Floor
Phoenix, AZ 85003

For More Information

The staff of the Grants Administration section of Administrative Services Division is available to help you with technical assistance and to answer any questions you may have. Please feel free to contact staff listed in the Guidelines that accompany this proposal template.

The CDBG Proposal and Guidelines are also available in PDF Format on the City's website at <http://phoenix.gov/GRANTS/sumchrt.html>.

To receive this information in alternative print/audio formats, contact the Neighborhood Services ADA Liaison, 200 West Washington St., Phoenix, AZ 85003. Voice Number 602.495.5459. TTY 602.495.0685.

**THE CITY OF PHOENIX
 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
 PUBLIC SERVICE
 FUNDING PROPOSAL FOR FISCAL YEAR 2008-09
 Deadline: November 24, 2008, 5 PM**



1. Applicant Information

Organization: _____
 Address: _____
 City: _____ Zip: _____
 Telephone: _____ Fax: _____
 Contact Person: _____ Title: _____
 Email: _____ Phone: _____

2. Program Information

Program Title: _____
 Service Location: _____
 Amount of CDBG Funds Requested: \$ _____

3. Public Service Priority: (check one)

- Neighborhood Revitalization Services (Maximum Request \$15,000)
- Youth Service and Childcare (Maximum Request \$40,000)
- New Starts (Maximum Request \$15,000) New Starts must also qualify for one of the above categories (Neighborhood Revitalization Services, Support Services to Persons with Disabilities and Senior Support Services, Youth Service and Childcare, or Enrichment Programs for Youth)
- Support Services to Persons with Disabilities and Senior Support Services (No maximum)
- Enrichment Programs for Youth (Maximum Request \$25,000)

Certification

"I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true."

4.

Signature of Authorized Representative _____ Date _____
 Print Name _____ Title _____

FOR PROGRAM STAFF USE ONLY

Date Received: _____ Proposal: Complete Incomplete
 Received By: _____ Proposal Number: _____
 Method: Mail Hand Delivery Facility Location's Council District: _____

5. Meeting a CDBG National Objective:

- Check One: Benefit to low- and moderate- income persons or households
 (more than 51% of clients served are low and moderate income)
 Prevention or elimination of slums or blight

6. Description of Clients to be Served:

- Check One: All residents in the service area Youth / Children
 Elderly Persons (age 62 and older) Persons with Disabilities
 Abused Children & Youth Homeless Children/Youth
 Battered Spouses & Children Migrant Farm Workers & Family
 Other:

AGENCY INFORMATION

7. Describe agency mission/purpose:

8. Please attach **Organization Chart** and list of **Board of Directors**. Label **Attachment 1**

9. Agency mailing address: _____

10. Taxpayer ID # _____ 11. 501(c)3 Yes No

12. Faith Based Organization? Yes No 13. AZ Nonprofit
 Incorporated? Yes No

14. City Council Districts to be served *by this program*:
refer to website:

<http://copwww05.phoenix.gov/mydistrict/> _____

15. Census Tracts to be served *by this program*: _____
refer to map provided

PROGRAM DESCRIPTION

16. Program Description, Purpose and Need

17. Program Service Delivery and Location

18. Program Activities, Objectives and Outcomes

19. Target Population, Number of Persons Served, Service Boundaries

20. Neighborhood Organization Program Support

Needed when the program is new and will affect a specific neighborhood. See Guidelines to determine if this is required.

Name of Neighborhood Association

Phone

Signature of Authorized Representative

Print Name of Authorized Representative

Date

Title

AGENCY OPERATIONS

21. Major Sources of Agency Funding

22. Matching Funds

23. Collaboration with Other Agencies

24. Site Control

25. Licensing

26. Fingerprinting

ADDITIONAL INFORMATION

27. Additional Information

TRACK RECORD / CAPABILITY**28. Agency Performance History**

Provide information on the two most recent Phoenix CDBG funded programs administered by your agency. If you have never received a Phoenix CDBG grant, list other recent programs. Complete all fields or write "None" for not applicable.

Program Administered by Your Organization

Program Name: _____

Program Address: _____

Phoenix CDBG Funded? Yes No List other funder(s): _____

Year Funded: _____ Award Amount: \$ _____

Use the space below to enter the program status including the goals achieved and program completion date or anticipated program completion date.

Program Administered by Your Organization

Program Name: _____

Program Address: _____

Phoenix CDBG Funded? Yes No List other funder(s): _____

Year Funded: _____ Award Amount: \$ _____

Use the space below to enter the program status including the goals achieved and program completion date or anticipated program completion date.

**SCHEDULE A
Public Service Program Budget**

Program Title: _____

COST COMPONENT	CDBG FUNDS	AGENCY CASH	IN-KIND	TOTAL PROGRAM
PERSONNEL SERVICES				
Salaries (See Schedule B)	_____	_____	_____	_____
Fringe Benefits	_____	_____	_____	_____
<i>Total Personnel</i>	_____	_____	_____	_____
CONTRACTUAL SERVICES				
Professional Services (Specify)	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Insurance (required)	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Travel/Mileage	_____	_____	_____	_____
Fingerprinting	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
<i>Total Contractual</i>	_____	_____	_____	_____
COMMODITIES				
Program/Office Supplies	_____	_____	_____	_____
Printing	_____	_____	_____	_____
Postage/Office Equipment	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
<i>Total Commodities</i>	_____	_____	_____	_____
Total Program Budget	_____	_____	_____	_____

Use the space below to explain professional services, office equipment expenditures, or other cost components that require clarification:

Note: If your proposal is funded, CDBG-paid expenditures must be documented with receipts and or invoices that verify the expense was incurred. To minimize the amount of expense documentation, we strongly suggest the CDBG dollars be used to pay for only a few program costs and not spread out over several line items. If CDBG funds are requested to pay for Personnel Services (salaries), Schedule B must be completed for the positions to be funded.

A list of ineligible expenses is on Page 5 of the Guidelines. Information on insurance requirements is listed on Page 19 of the Guidelines.

SCHEDULE B
Personnel Schedule
(For CDBG Funded Public Service Program Salaries Only)

Program Title: _____

This schedule must be completed if you are seeking CDBG funding for Personnel Services costs on Schedule A. Only information on salaried positions should be included on this schedule. *Do not include fringe benefits costs on this schedule.*

Position Title	Number of Full-Time Equivalent Salary Positions	CDBG Funded	Other Funds	Total Salary Amount
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____