

City of Plymouth

2024 Community Development Block Grant (CDBG)

Public Service Funding Application

Submission Deadline: Monday February 12th ,2024

Submit to: Plymouth HRA, 3400 Plymouth Blvd., Plymouth, MN 55447-1482

Attn: Shelonda Marie-Alves, Housing Coordinator

E-mail: smarie-alves@plymouthmn.gov Phone: 763-509-5413 Fax: 763-509-5407

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| **General Information** |

Organization/Agency:

Primary Contact: Title:

Address:

Phone: Fax: Email:

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|  **Project Feasibility** |

Funding Requested: \_\_\_\_\_\_\_\_\_\_\_\_

**If you were offered a lesser amount would you be able to offer this program to Plymouth residents?**

\_\_\_\_ Yes \_\_\_\_\_ No

**How would this affect your goals and outcomes?**

**What is the minimum that you feel is necessary to offer these programs?**

**How would an amount between the minimum requested amounts be beneficial?**

**Describe your program:**

**Is this an existing CDBG funded program?** \_\_\_\_\_ Yes \_\_\_\_ No

**What is the need in the City of Plymouth for your program?**

**Budget: Specify the total program budget by major component.**

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| --- | --- |
|  | BUDGET/SOURCE OF FUNDS |
| Component | CDBG | Other (Identify) | Total |
|  | $ | $ | $ |
|   | $ | $ | $ |
|  | $ | $ | $ |
|   | $ | $ | $ |
|  | $ |  |  |
|  | $ |  |  |
|  |  |  |  |
|  | $ |  |  |
|  | $ |  |  |
|   | $ |  |  |
|   | $ |  |  |
| SUB TOTAL | $ | $ | $ |
| TOTAL | $ |  |  |

 Program availability: [ ]  City-Wide [ ]  School District #\_\_\_\_\_\_\_\_

 [ ]  Other section of City: \_\_\_\_\_\_\_\_\_\_\_

**What are the anticipated results and/or accomplishments? (Number of persons/households to be assisted, number of housing units to be constructed/rehabilitated)** This information will be used to evaluate annual performance.

**What is the program’s implementation timeline?** **(Identify major tasks to be performed between July 1, 2023 to June 30, 2024)**

**How does your proposal support Plymouth HRA’s mission and vision? (See Application Guide)**

**What Consolidated Plan priority will this program meet? (See Application Guide)**

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| **Organizational Capacity** |

**When was this program established?**

**How will incomes and assets of program participants be verified?**

**How will you document program benefits by income, race, and gender?**

**What program(s) have you provided to low- and moderate-income Plymouth residents in the past?**

**How many individuals or households have you served annually with this program(s) during the last two years?**

**How many were from Plymouth?**

**Please attach biographies and/or resumes of staff directly involved with this program.**

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| **Leverage of Other Funds** |

**Will this funding assist in leveraging other public and/or private funding? [ ]  Yes [ ]  No**

If yes, please list the amount and source of the other public and/or private leveraged funding. Also please indicate with an “X” whether these funds are committed or pending.

# Amount Source Committed Pending

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| --- | --- | --- | --- |
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