

**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 2024**

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)

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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):

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

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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

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**Urgent Need**

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

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