

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT
(CDBG) PROGRAM FY 2017 CDBG APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's FY 2017 CDBG Application packet.

Project Title: _____

Agency 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. This checklist must be included as part of your agency's FY 2016 CDBG Application packet.

APPLICATION

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| <i>The following must be submitted to be considered for funding:</i> | |
| | Application Submittal Checklist |
| | Application for Funding |
| | Appendix A: Narrative of Project |
| | Appendix B: Capital Improvement Project (CIP) Project Details |
| | Appendix C: List of All Funding Sources & Two Years of Annual Financial Audits |
| | 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 |
| | State and Federal Tax Exemption Determination Letters |
| | Charter and/or Bylaws |
| | Organization Chart |
| | Copy of Insurance Certificate |
| | Applicant Attended MANDATORY Community Meeting |



FY 2016 CDBG APPLICATION SUBMITTAL CHECKLIST

PROJECT-SPECIFIC REQUIREMENTS: For PUBLIC SERVICES projects only

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| | Copy of Rental or Lease Agreement (<i>A copy of lease is only required if CDBG funds are proposed to be used to make a portion of the lease payments.</i>) |
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CDBG Eligible Activity for Public Services Projects (must select one):

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| <i>Public Facilities and Improvements:</i> | | | |
| | 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 |

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

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| | 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. |

