Community Development Block Grant Program

2020 Community Development Block Grant (CDBG) Pre-Application

Contact Name & Title:	

Contact Email Address:	Contact phone number:	

Organization Name:	
Organization Address:	

Please identify type of organization applying for funds: ☐ 501c3 ☐ Unit of Government ☐ Faith based Organization ☐ Institute of Higher Education ☐ Other, please describe:

Organization DUNS Number:
Required before funds can be awarded. If you don't have DUNS # instructions available here:
https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html

Registration with System for Awards Management (SAM)? ☐ Yes ☐ No *Required before funds can be awarded.*
If you are not currently registered and interested in receiving funds you must register to do business with federal government at:
https://www.sam.gov/SAM/. *Registration is free for applicants.*

Tax ID Number:	
Project Name:	
Project Location:	

Service Area of the Project. *Will all clients be Town of Barnstable residents? If not, please provide percentage of Barnstable residents served. Regional, Town wide or limited to specific area or census tracts?*

Eligible Activity *Please check the type of eligible activity you are proposing*

☐ Acquisition of property for ☐ affordable housing or ☐ public facility

☐ Micro-enterprise business assistance (*5 or fewer employee incl. owners*) ☐ Job retention or creation activity

☐ Public service (*must be new or quantifiable increase in service*) ☐ Public facilities & improvements

☐ Housing rehabilitation for ☐ LMI tenants ☐ LMI owners ☐ other, please describe: _____

☐ Direct financial assistance to 1st time homebuyers

☐ Commercial rehabilitation *(code corrections or façade improvements only)*

Check if project is responding to: ☐ COVID 19 ☐ Child care ☐ Food Security ☐ Homelessness

Does project serve low and moderate income (LMI) persons? ☐ yes ☐ no *please explain below*
LMI= HOME program low income (80% or less AMI) limit for Barnstable Town, MA MSA available online at:
https://www.hudexchange.info/programs/home/home-income-limits/

Brief Project description: (*please include need for project, population served, and intended use of funds*)

Estimated number of persons to be served by project:	
Of the total served, estimated low and moderate income persons served:	
Amount of CDBG funds requested:	
Amount of leveraged funds: *(non-CDBG funds contributing to project)*	

Please note: CDBG funds cannot be provided to reimburse costs paid by another funding source. A detailed budget will be requested in the full application to verify.