



Community Development Block Grant Program

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: <input type="checkbox"/> 501c3 <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith based Organization <input type="checkbox"/> Institute of Higher Education <input type="checkbox"/> Other, please describe:			
Organization DUNS Number: <i>Required before funds can be awarded. If you don't have DUNS # instructions available here:</i> https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html			
Registration with System for Awards Management (SAM)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>			
Tax ID Number:			
Project Name:			
Project Location:			
Service Area of the Project. <i>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?</i>			
Eligible Activity <i>Please check the type of eligible activity you are proposing</i> <input type="checkbox"/> Acquisition of property for <input type="checkbox"/> affordable housing or <input type="checkbox"/> public facility <input type="checkbox"/> Micro-enterprise business assistance (5 or fewer employee incl. owners) <input type="checkbox"/> Job retention or creation activity <input type="checkbox"/> Public service (must be new or quantifiable increase in service) <input type="checkbox"/> Public facilities & improvements <input type="checkbox"/> Housing rehabilitation for <input type="checkbox"/> LMI tenants <input type="checkbox"/> LMI owners <input type="checkbox"/> other, please describe: _____ <input type="checkbox"/> Direct financial assistance to 1 st time homebuyers <input type="checkbox"/> Commercial rehabilitation (code corrections or façade improvements only)			
Check if project is responding to: <input type="checkbox"/> COVID 19 <input type="checkbox"/> Child care <input type="checkbox"/> Food Security <input type="checkbox"/> Homelessness			
Does project serve low and moderate income (LMI) persons? <input type="checkbox"/> yes <input type="checkbox"/> no <i>please explain below</i> <i>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/</i>			
Brief Project description: <i>(please include need for project, population served, and intended use of funds)</i>			
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: <i>(non-CDBG funds contributing to project)</i>			
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.			