



Geauga County

Community Development Block Grant Program

APPLICATION FORM FOR CDBG ALLOCATION FUNDING



The complete application must be received by May 6,
 Community & Economic Development, 470 Center Street, Building 8-A, Chardon, Ohio 44024

Martin Castelletti 440-279-1792

SECTION I

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Agency Name:		Project Title:	
Not-for-profit organization?	Yes No	Location of Program/Project:	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site: _____ <div style="text-align: right;">Address</div>
Address:		Total Estimated Cost:	\$ _____
City/State/Zip:		Amount of CDBG Funding Request:	\$ _____
President/CEO:		Brief Description of Project:	
Telephone:			
Email Address:			
Project Contact:			
Telephone:			
Telephone:		Include measurements such as SF, LF, # of units, etc.	
Email Address:		Will your project require any of these permits?	<input type="checkbox"/> Building Permit <input type="checkbox"/> Health Dept. Permit <input type="checkbox"/> Zoning Permit <input type="checkbox"/> Other (specify _____)
Who provided the cost estimate?		Specifically what will CDBG Funds Pay For?	
Telephone:		If using Other Funding sources, have the funds been Secured?	Yes No
Email Address:			How?
Project Type:	<input type="checkbox"/> Demolition <input type="checkbox"/> ADA improvements <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Public Facility Improvement <input type="checkbox"/> Public Service <input type="checkbox"/> Sidewalk Improvements <input type="checkbox"/> Parking Improvements <input type="checkbox"/> Other _____	Can your agency provide bid ready specifications?	Yes No
<i>(Check one)</i>		If not, does your estimate include funds for an architect/engineer?	Yes No

Construction estimates must include the phrase:
“Federal Prevailing Wage Rates have been included in this estimate”

SECTION II

Project Budget

Service/Cost Type	Total Program Budget	Desired CDBG Amount (A)	Other Funds		Source of Funding
			Amount (B)	Applied or Granted?	
PROFESSIONAL SERVICES					
Property Survey	\$	\$	\$		
Bid Specifications and/or Engineering Design	\$	\$	\$		
CONSTRUCTION/REHAB					
Demolition/Removal	\$	\$	\$		
Site Preparation	\$	\$	\$		
Construction	\$	\$	\$		
Rehabilitation	\$	\$	\$		
MATERIALS/SUPPLIES					
Materials and Supplies	\$	\$	\$		
FEES/OTHER OVERHEAD					
County and Local Permit Fee(s)	\$	\$	\$		
Other Fees	\$	\$	\$		
TOTALS	\$	\$	\$		

SECTION III

Signature – Person Completing the Application

Title

Date

Signature – President/CEO of Agency

Title

Date

SECTION IV

(These items are **required**. Please attach them to your application.)

- Photos and/or maps of complete site
- Site plan – For construction projects
- Written cost estimate on letterhead of contractor/engineer/architect
(Factor in Federal Prevailing Wage Rates)
- Your commitment letter (stating your entity will provide balance of funding necessary to supplement portion of project not funded by CDBG)

