

**City of Altoona, PA
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
EMERGENCY SHELTER GRANT (ESG)
HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)
FY 2011 APPLICATION**

I. Applicant/Organization Name:

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II. Non-Profit Government For-Profit

Tax ID No.: _____ **DUNS#:** _____

III. Project Name:

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IV. Project Address:

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V. Project Description:

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VI. Contact Person:

Telephone:

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VII. Mailing Address:

Address	City	State	Zip	

VIII. Funding Source Requested

- Community Development Block Grant
- Emergency Shelter Grant
- HOME Investment Partnership

A. Budget/Funding Information

	AMOUNT	%OF TOTAL BUDGET
Total funding request from the City of Altoona	\$	

List Other Funding Sources Below:

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Project Funding Anticipated for FY 2010		100%

IX. Which National Objective Will the Project Address: (choose only one national objective)

1. Benefit Low/Moderate Income Persons (select one from i. - iv.)

i. Area Benefit: (select one & provide requested information)

2000 Census Data	Survey
Census Tract(s):	Total Families:
Block Group(s):	# Responses:
Area Pop:	# Persons:
LMI Pop:	# LMI Persons:
LMI %:	% LMI Persons:

ii. Limited Clientele: (select one & provide explanation)

<input type="checkbox"/> Presumed	<input type="checkbox"/> Income Eligibility	<input type="checkbox"/> Nature/Location
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Explain the basis for the above determination:

iii. Housing Activity: (select one and provide unit information)

Rehabilitation New Housing Construction

Number of Units: _____

For Housing Units/Households Only:(No Percentages)	Total No.	No. Occupied	No. Low/Mod
Units at Start			
Units Expected at Completion			

iv. Job Creation/Retention: (provide requested information)

Number of Jobs	Number LMI Jobs	% LMI Jobs
Created:	Created:	Created:
Retained:	Retained:	Retained:

2. Prevent or Eliminate Slums or Blight (select one)

<input type="checkbox"/> Spot	<input type="checkbox"/> Area
<input type="checkbox"/> Acquisition, Relocation, Clearance, Rehabilitation, Historic Preservation	<input type="checkbox"/> Boundary Defined/ Qualified
<input type="checkbox"/> If Rehab, Health/Safety	<input type="checkbox"/> Activity Addresses Conditions

3. Urgent Need (select one)

- | | |
|--|---|
| <input type="checkbox"/> Serious, Immediate Threat | <input type="checkbox"/> Critical Within 18 Months |
| <input type="checkbox"/> Limited to Urgent Condition | <input type="checkbox"/> Local/Other Funds Insufficient |

X. Other Project Information

1. Explain how the project will be managed and administered. Identify critical benchmarks, staff responsibilities, interagency coordination and the need for any third party contracts.

2. Required Time period for Project Initiation and Completion:

XI. Outcome Performance Measurement (ESG Recipients refer to instruction sheet)

1. **Objective.** Select only one objective based on the project's need:

- Suitable Living Environment
- Decent Affordable Housing
- Creating Economic Opportunities

Describe how the project addresses the objective selected above.

2. **Outcome.** Select only one outcome based on the project's purpose:

- Improve Availability/Accessibility
- Improve Affordability
- Improve Sustainability

Describe how the outcome selected above benefits the community/people served.

3. **Outcome Indicator.** Enter the outcome indicator that best describes the data that will be collected and reported as project outcomes. Provide a description of the measurement reporting tool or evaluation process that will be utilized to determine project outcome (i.e. client surveys, statistical data from a verifiable source, etc.).

XII. Primary Purpose

Is the Primary Purpose of the activity to...

Help Prevent Homelessness?	<input type="checkbox"/> Yes, <input type="checkbox"/> No	Help the Homeless?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
Help Those with HIV/AIDS?	<input type="checkbox"/> Yes, <input type="checkbox"/> No	Help Persons with Disabilities?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
Generate Program Income?	<input type="checkbox"/> Yes, <input type="checkbox"/> No		

XIII. Section 504 Americans with Disability Act

Is the location of the project or building accessible to persons with disabilities? Yes, No