Lexington County Community Development Block Grant (CDBG)-CV CARES Act Program
2022 Project Application Summary Proposal

1. **Locality/Organization Name** _____

   Contact Name _____   **Email** _____

   Address _____   **Telephone/Fax** _____

   _____

2. **CDBG-CV Funds Requested: $_____**

   Total Project Budget: $_____

   List All Sources of Funding _____

   Will all other sources of funds be available at the time of application? ☐ Yes ☐ No

   Will you be able to proceed with your project if you receive only a portion of funds requested? ☐ Yes ☐ No

3. **Briefly describe the proposed project (attach cost estimate):**

   _____

   _____

4. **Project location (precise street address and attach map of area):**

   _____

   _____

5. **When would the project begin and end?**   _____

6. **Who will administer this project for your agency?**   _____

7. **Does the person who will administer the project have experience administering CDBG or CDBG-CV Grants?**
   _____

8. **Will your project meet the National Objective to Benefit Low-and-Moderate Income Persons?**

   ☐ Yes   ☐ No

9. **If Benefit is to Low / Moderate Income Persons:**

   How many people will benefit from the project? _____

   Of those, how many persons are low and moderate income? _____

10. **How will you document Benefit to Low / Moderate Income Persons?** (*select only <u>one</u>*)

    By ☐ Income Verification Documentation (tax returns, pay stubs, etc.)

    Or ☐ Income Survey verifying at least 51%, by using
    > ☐ Participant Survey

    > ☐ Survey method meeting HUD requirements

    Or ☐ Serving 100% of clientele that meet one of the following presumed benefit categories

☐ Abused Children	☐ Illiterate Adults	☐ Homeless Persons
☐ Battered Spouses	☐ Migrant Farm Workers	☐ Severely Disabled
☐ Elderly Persons (62+)	☐ Persons with AIDS	

    Or ☐ Census Tract / Block Group Data (Contact Grant Programs staff for guidance)

    % of LMI Persons in Area: _____

    List <u>ALL</u> Census Tract(s) and Block Group(s) numbers to Benefit: _____