



Town of Arlington

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MEMO TO: CDBG Program Recipients
FROM: Laura Wiener, Acting Director of Planning and Community Development
DATE: January 11, 2016
SUBJECT: CDBG Program Year 41 Performance Hearing & Year 42 Proposals Hearing

The Board of Selectmen will convene on Monday, February 22, 2016 at 7:15 p.m. to review current year program accomplishments and also to accept proposals for Program Year 42, which commences July 1, 2016.

With regard to programs currently underway, written status reports on all activities and projects under your direction should be submitted to the Planning Department office by **Wednesday, February 10th** so that the Board of Selectmen will have access to the reports prior to the hearing. Reports should include a summary describing what has been accomplished in each of your programs during the current fiscal year. Please provide the amount of funds expended and the **number of persons served to date** as well as a statement of whether or not the goals of the program are being met. **Also, please include an assessment of the needs expressed by participants of your programs.** This will help us in preparing our Annual Plan. Please submit **1 pdf** copy to Ted Fields, tfields@town.arlington.ma.us.

Proposals for CDBG Program Year 42 must be submitted using the attached ***Funding Application Form***. **Please note that the application form has been modified.**

Please submit your proposal in **pdf** format. All proposals must be received by the Department of Planning and Community Development **by noon, Friday, February 12th**. Applications **will not** be accepted after this deadline due to Board of Selectmen policy with respect to requiring meeting materials in advance of scheduled hearings.

If you have any questions concerning eligibility of proposed projects or require any assistance preparing your proposal, please contact Ted Fields at (781) 316-3095.

**TOWN OF ARLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
FISCAL YEAR 2016-2017**

Agency & Project Summary Information

Legal Name of Agency/Organization: _____

Address: _____

Telephone No. _____ **Fax No.** _____

E-Mail: _____

Project Title: _____

Amount of Funding Requested \$ _____

Project Description: _____

Project Eligibility

This project/activity must meet **ONE** of the HUD National Objectives listed below. Please check applicable box.

Low/Moderate Income Area Benefit: the project/activity meets the needs of persons residing in an area where at least 33.33% of the residents are low or moderate income persons.

Low/Moderate Income Clientele: the activity benefits a group of persons (rather than residents in a particular area) 51% of whom are low or moderate income persons. The following groups are presumed to be Low/Moderate: abused children, battered spouses, elderly persons, adults meeting the **Bureau of Census' Current Population Reports** definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS.

Low/Moderate Housing: The project will provide or improve permanent residential structures which, upon completion, will be occupied by low and moderate income households. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

Slum or Blighted Area: the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

Spot Blight: the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

Primary Beneficiary of Project

- Homeless Individuals
- At-Risk Children & Youth
- Elderly Individuals
- Individuals with Disabilities
- Low and Moderate Income Area
- Other (please specify)

Program Funding

Identify and list amount of *prior* year Federal and/or State funding

Source	Amount	Funding Period
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Identify *other* funding sources (non-federal/private)

Source	Amount	Funding Period
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Target Population

What are the characteristics of the client population to be served by this project? (Where applicable, please include total population (by age), number of families, income data such as median income, and other pertinent data, which applies specifically to the client.)

Will all clients be residents of Arlington? If no, please provide percentage of non-Arlington residents.

Service Need

What need will be met by providing the proposed service to the community and the target population?

What are the short-term goals and objectives for the contract period?

How will the target population be reached?

How will client eligibility be documented?

How will the project be managed and staffed?

What is the timetable for delivery of services?

1. Budget Information:

a) Total Costs for the Proposed Activity/Project:

All Cost Items for the Activity/Project <i>(Detail ALL Staff positions, support costs, and other expense items associated with the activity/project.)</i>	Anticipated Costs for FY 2016-2017
Total Cost of the Activity/Project →	

b) Show only the Cost items to be paid by the CDBG Grant:

Staff Positions and Expense Items to be paid by this requested CDBG Grant during FY 2016-2017	Amount
Total Amount of this Grant Request for FY 2016-2017 →	

c) Total sources of Income for the Proposed Activity, including CDBG funding:

All Sources of Income for this Activity/Project in FY 2016-2017 <i>(for example, town grants, state contracts, other federal funds, foundation and corporate grants, donations, etc.)</i>	Anticipated Amount from Each Source
Amount of this C.D.B.G. grant request (Same as total of 1.b.) →	
Total Funding for the Activity/Project →	

CERTIFICATION

I CERTIFY THAT ALL INFORMATION THAT IS SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE.

Signature

Title

Name