

Geauga County

Community Development Block Grant Program APPLICATION FORM FOR CDBG ALLOCATION FUNDING

The complete application must be received by May 6, 2021. 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 Tit	tle:				
Not-for-profit organization?		Yes	No	Location Program/Proje	ect:	On Sit	e e: Address	5	
Address:				(Check one) Total Estimated Cost: Amount of CDBG Funding Request: Brief Description of Project:		6			
City/State/Zip:									
President/CEO:						Þ			
Telephone:									
Email Address:									
Project Contact:				Include measurements such as SF, LF, # of units, etc.					
Telephone:									
Email Address:				Will your project require any of these permits? Specifically what will CDBG Funds Pay For?			Building Permit Health Dept. Perr	nit	
Who provided the cost estimate?							Zoning Permit Other (specify)	
Telephone:									
Email Address:				If using Other Funding sources, have the funds been Secured?		Yes		No	
						How	,		
									1
Project	Dem	olition		C					
Type:		Can your agend		provide bid ready	Yes	5	No		
(Check		for-profit		specifications?					
one)	🗆 Publ	 Public Facility Improvement Public Service 		lf not, does your	Yes		No		
	🗆 Publ								
	□ Sidewalk Improvements			estimate include funds for an architect/engineer?	Ye	S	NO		
	□ Parking Improvements								
	0 Othe	r							

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

SECTION II

	Project Budget							
	Total Program Budget	Desired CDBG Amount (A)	Other	Funds				
Service/Cost Type			Amount (B)	Applied or Granted?	Source of Funding			
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	\$	\$	\$					

Project Budget

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)