**REQUEST FOR CDBG/HOME FUNDING ASSISTANCE**
**CITY OF PARKERSBURG DEVELOPMENT DEPARTMENT**
**FY 2016-2017**

**ITEMS 1 THRU 3 TO BE FILLED BY THE DEVELOPMENT DEPARTMENT**

| 1. APPLICATION NO. | 2. DATE RECEIVED | 3. DATE APPLICATION COMPLETE |
|---|---|---|
| | | |

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

CITY/STATE/ZIP: _____

APPLICANTS PHONE NO.: _____ OFFICE: _____ FAX: _____

APPLICANTS EMAIL ADDRESS: _____

APPLICATION'S CONTACT PERSON: _____

4. PROJECT NAME OR TITLE: _____

5. PROJECT ADDRESS (IF APPLICABLE): _____

6. PLEASE PROVIDE A BREIF DESCRIPTION OF PROJECT/SERVICE PROVIDED:

_____
_____
_____
_____
_____
_____

7. PLEASE PROVIDE A BREIF DESCRIPTION OF THE APPLICANT'S ORGANIZATION:

_____
_____
_____
_____
_____
_____

8. LIST PRIMARY BENEFICIARIES (TARGET AUDIENCE):

_____
_____
_____
_____

9. HOW IS THE ORGANIZATION FINANCED? (GRANTS, FOR-PROFIT VENTURES, ETC.):

_____
_____
_____
_____
_____
_____

10. HAVE YOU APPLIED FOR FUNDING FROM THE CITY OF PARKERSBURG'S DEVELOPMENT DEPARTMENT IN THE PAST? ☐ YES ☐ NO

IF 'YES', LIST YEAR, AWARD AMOUNT, PROJECT PURPOSE:

_____
_____
_____
_____
_____
_____

11. ESTIMATED NUMBER OF PERSONS BENEFITING FROM THE PROPOSED PROJECT? _____

PLEASE PROVIDE YOUR RATIONALE:

_____
_____
_____
_____
_____
_____

12. DOES THE PROPOSED ACTIVITY MEET A HUD NATIONAL OBJECTIVE? IF SO, PLEASE CIRCLE:

**A)** BENEFIT TO LOW-MODERATE INCOME PERSON
**B)** ELIMINATION OF SLUMS AND BLIGHT
**C)** URGENT NEED

IF 'YES', PLEASE PROVIDE YOUR RATIONALE:

_____
_____
_____
_____
_____
_____

13. PLEASE PROVIDE A BRIEF TIMELINE OF YOUR PROJECT (TIME FROM AWARD TO COMPLETION OF PROJECT):

_____
_____
_____
_____
_____
_____
_____
_____

14. IS THIS AN ELIGIBLE ACTIVITY UNDER CDBG/HOME REQUIREMENTS? IF SO, PLEASE CIRCLE:

**A)** HOUSING ACTIVITIES
**B)** REAL PROPERTY IMPROVEMENTS
**C)** PUBLIC FACILITIES
**D)** PUBLIC SERVICES
**E)** ECONOMIC DEVELOPMENT
**F)** OTHER ACTIVITIES

IF 'YES', PLEASE PROVIDE YOUR RATIONALE:

_____
_____

_____
_____
_____

15. AMOUNT REQUESTED FROM CDBG/HOME FOR FISCAL YEAR 2016-2017: $_____

16. OTHER ANTICIPATED/REQUESTED REVENUES FOR FISCAL YEAR 2016-2017:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I certify that the information in this application is complete and accurate. I certify that I possess the authority to undertake the work described

_____ _____
Signature of applicant Date

The application must be signed by the person who desires to undertake the proposed activity (applicant).

**RETURN TO: CITY OF PARKERSBURG**
**DEVELOPMENT DEPARTMENT**
**PO BOX 1692**
**PARKERSBURG, WV 26102**

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes false, fictitious or fraudulent statements or representations or makes or uses and false or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both.