

CITY OF KILLEEN, TEXAS
COMMUNITY DEVELOPMENT DIVISION



2014 APPLICATION FOR FUNDING

Community Development Block Grant and
HOME Program

GENERAL DESCRIPTION

<p>1. TYPE OF SUBMISSION</p> <p>Nonprofit Entities Application _____ Total Number of Entities Names:</p> <p>Multiple Entities (Joint) Application _____ Total Number of Entities Names:</p> <p>Internal City Department _____ Total Number of Depts Names:</p> <p>Single Entity Application (Govt. or For-Profit)</p>	<p>2. APPLICATION FUND SOURCE REQUESTED (one fund source per application type)</p> <p>Community Development Block Grant (CDBG)</p> <p>Home Investment Partnerships Act(HOME)Program</p>
<p>4. LEAD APPLICANT INFORMATION</p> <p>Legal Name</p> <p>Organizational DUNS</p> <p>Address (physical and mailing) Physical</p> <p>Mailing</p> <p>City</p> <p>State</p>	<p>Lead Applicant Web Page</p> <p>Department</p> <p>Division</p> <p>Application Contact Information</p> <p>Prefix First Name Last Name Suffix</p> <p>County</p> <p>Zip Code Telephone Fax</p> <p>5. EMPLOYER IDENTIFICATION NUMBER(EIN) Email</p>
<p>6. TYPE OF LEAD APPLICANT</p> <p>*Other: (Requires prior approval CDD)</p>	<p>7. AMOUNT OF FUNDING REQUESTED</p> <p>\$</p> <p>a. Total # Units b. Cost Per Unit</p> <p>Amount of Matching Funds \$</p> <p>Required match minimum = 25% of total request</p>
<p>8. SIGNATURE OF AUTHORIZED REPRESENTATIVE</p> <p>Applicant</p> <p>Dept Head Exec Dir/Div Head</p> <p>ACM Approval CITY MGR APPROVAL</p>	

APPLICANT HISTORY – LEAD APPLICANT

(See Addtl Applicant Info)

9. MISSION STATEMENT

10. HISTORY IN KILLEEN COMMUNITY

11A. COMPLETED PROJECTS

TARGET POPULATION #ASSTD

11B. CURRENT PROJECTS

TARGET POPULATION #ASSTD

11C. CURRENT PROJECT FUNDING SOURCES

Amount	Source	Project
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11D. PREVIOUS EXPERIENCE WITH CITY OF KILLEEN FUNDS (CDBG, HOME, Killeen GF, etc.)

Year	Project	Amount	Balance	#Assisted
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11E. PREVIOUS EXPERIENCE WITH USE OF STATE or FEDERAL FUNDS (ESG, TxDOT, CoC, VA, etc.)

Year	Project	Amount	Balance	#Assisted
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12. OTHER ENTITY/DEPARTMENT SUPPORT

Entity	Type Partnership	Written Agreement
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PROJECT DESCRIPTION

13. PROJECT NAME

14. PROJECT STATUS

NEW

EXISTING

15. PROJECT DESCRIPTION

	LMC	LMA	HSG
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16. DESCRIBE HOW APPLICANTS ARE NOTIFIED OF THE PROGRAM

17. PROJECT OBJECTIVES/PERFORMANCE

Primary Income Populations Served

0-30% AMI \geq 30% - 50% AMI \geq 50%-80% AMI \leq 80% AMI % over 80%AMI

Special or Target Populations

Total Expected Total Low Income % of Total Killeen Residents

Performance Measurements

Objective:

Outcome:

18. PROJECT LOCATION

City Wide

Physical Address

Census Tract(s)

(If Acquisition/New Const/Rehab or Facility or Housing - provide each location information)

Physical Address

Detailed description if Acquisition/Rehabilitation/Facility Improvement Description

PROJECT DETAIL

19. PROJECT TYPE				
	Public Services		Tenant Based Rental Assistance (HOME Program Only)	Parks Projects
	Acquisition (Residential Commercial)		Homebuyer Education / Counseling (CDBG Only)	New Construction
	Acquisition with Rehab-ANY (acquire existing and rehab)		Homebuyer Assistance (HOME Program Only)	Renovate
	Clearance/Demolition		Housing Rehabilitation	Sidewalk, Curb, Gutters
			Owner	
	Code Enforcement Admin		Removal of Architectural Barriers	Reconstruction
			Rental	Street Construction
	Historic Preservation (limited to façade, code violations)		Housing New Construction	New Construction
			Owner	Reconstruction
	Commercial Rehab/Renovation (Private, for profit owner)		Public Facilities - Community, Senior, Health Center, etc.	Flood/Drainage Improvements
	Fire Protection Facilities		Rehab/Renovation	Economic Development / Special Economic Development Activity
	Fire Protection Equipment		New Construction	
	Micro Enterprise Assistance		OTHER Public Facility Type:	OTHER Eligible Activity Type:

20. PROJECT REQUIREMENTS

Architectural Services

Engineering Services

Surveying of Real Property

Asbestos/Lead Paint Testing

Design or Conceptual Drawings (to scale, professionally rendered)

Site Control:

Leased

Owned

Purchase Pending

Occupied by Other

21. OTHER FUNDING COMMITTED FOR THIS PROJECT

Source

Amount

Type

Purpose

Commitment Document

22. Project Start Date

Project Completion Date (As per individual Activity Project Timeline)

23. PROJECT PERFORMANCE ACCOMPLISHMENTS

1st Qtr (Oct-Dec)

New Construction, Residential Rehabilitation, Reconstruction, Acquisition,
Facility and Improvements Projects w/extended time line (see Instructions)
1st Qtr (Oct-Dec)

2nd Qtr (Jan-Mar)

2nd Qtr (Jan-Mar)

3rd Qtr (Apr-Jun)

4th Qtr (Jul-Sep)

24. PROJECT STAFF and MANAGEMENT / DEVELOPMENT TEAM / OWNERS/DEVELOPERS

%Time

Name

Responsibility/Duty

Experience/Training

ADDITIONAL APPLICANT INFORMATION

ADDITIONAL APPLICANT ENTITY INFORMATION # ____ Applicant

Legal Name

Lead Applicant Web Page

Organizational DUNS

Address

Street

Application Contact

Prefix

First Name

Last Name

Suffix

Mailing

City

County

State

Zip Code

Telephone

Fax

EMPLOYER IDENTIFICATION NUMBER(EIN)

Email

SIGNATURE OF AUTHORIZED REPRESENTATIVE

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B. HISTORY IN KILLEEN COMMUNITY

C. CURRENT PROJECTS

D. COMPLETED PROJECTS

E. TARGET POPULATION

F. FUNDING SOURCES FOR PROJECTS

Amount	Source	Project
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G. PREVIOUS EXPERIENCE WITH FEDERAL FUNDS (CDBG, HOME, ESG, TxDOT, VA, State, etc.)

Year	Amount	Balance	Project
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H. OTHER ENTITY COORDINATION/SUPPORT

Entity and Description

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