



**COMMUNITY DEVELOPMENT DEPARTMENT
CITY OF WAUSAU**

**2017 BLOCK GRANT
FUNDING APPLICATION**

(Date Received by City)

NOTE: Separate applications are required for each type of funding and activity for which you are applying. Combined applications and budgets will not be accepted and will be returned.

Name of Program: _____ **Amount Requesting:** \$ _____

Applicant Organization Name: _____	
Organization Address: _____	City _____ Zip _____
Contact Person: _____	Title _____
Contact Person's Telephone Number: _____	Fax Number: _____
E-Mail address: _____	
Is applicant a 501(C)(3) organization? Yes _____ No _____	
Federal Employer Identification number: _____	DUNS #: _____
Executive Director: _____	Phone Number _____
Board President: _____	Phone Number _____

Check One: Organization has received funds from Community Development Block Grant in the past _____
Organization has not received funds from Community Development Block Grant in past _____

NOTICE:

A false statement or misrepresentation in the proposal to obtain grant funds and if funds are awarded, the funds and contract will be in default and the City may declare all or any part of the funds paid out immediately due and repayable to the City and the contract voided.

All applications are due to Community Development by close of the public hearing on October 5, 2016

PROGRAM DESIGN SPECIFICATIONS:

Describe the work to be performed, including the activities to be undertaken, the goals and objectives, method of approach and the implementation timetable.

*****RESPONSE LIMITED TO THIS SPACE ONLY*****

ACHIEVEMENT INDICATOR:

Estimated number of clients to be served? _____ Or

Estimated number of units? _____ Or

Estimated number of jobs to be created? _____

TARGET POPULATION:

Describe the households/persons to be served and the outreach/client selection process.

*****RESPONSE LIMITED TO THIS SPACE ONLY*****

**COMMUNITY BLOCK GRANT ADMINISTRATION
YEAR 2017 OUTCOME MEASUREMENT WORKPLAN**

Organization: _____ Prepared by: _____ Date: _____

Project Name: _____

Describe the short term and midterm outcomes (results, impact or change expected to come about as a result of your program).

Outcome Expected	Outcome Measurement (may be more than one per outcome)	Data Source (for outcome measurement)	Data Collection Method

TOTAL AGENCY BUDGET: REVENUE
(Inclusive of all programs operated by your agency)

Organization Name: _____

Show a three year history of **actual revenue** received by your agency for the three year period shown. If more space is needed continue with another page.

CATEGORY	2014	2015	2016
Government Grants (list sources)			
A.	\$	\$	\$
B.			
C.			
D.			
Subtotal		\$	\$
Foundation Grants (list sources)			
A.			
B.			
C.			
D.			
Subtotal			
Other Revenue (list sources)			
A.			
B.			
C.			
D.			
Subtotal			
TOTAL REVENUE	\$	\$	\$

PROGRAM BUDGET: EXPENSES
(Specific to program you are applying for)

Organization: _____

Program Name: _____

Prepare a proposed budget for the program for which you are applying. Include all committed and pending funds to operate this program.

Category	Requested Funds	Committed Funds (list source)	Pending Funds (list source)
Personnel			
Fringe Benefits			
Occupancy/Utilities			
General Services (training, travel, printing, advertising, memberships)			
Supplies (office products, postage, computer and cleaning supplies, publications)			
Contractual Services (accounting, legal, consulting, insurance)			
Equipment (purchase/rental)			
Other Costs (please describe)			
TOTAL COSTS			

CORPORATE DOCUMENTATION to be included with the Application

Submit one copy of the following documents: (only if not provide in previous years)

1. Articles of Incorporation with the corporate seal affixed to the document
2. Corporate By-Laws
3. A roster of the current Board of Directors
4. Corporate Organizational Chart
5. Federal Tax Exemption determination letter
6. State Sales Tax Exemption Status Letter with Tax Exempt number indicated
7. Accounting policies and procedures

Note: If you have submitted a previous application with City of Wausau, Community Development Department, we may have the above information on file, please confirm with staff.

AFFIRMATION:

We affirm that we have reviewed this application and to the best of our knowledge the information furnished is true, correct and complete.

Board Chair/President: _____ Term: _____
Print Name

Signature _____

Executive Director: _____
Print Name

Signature _____