CITY OF MILFORD

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

PROGRAM YEAR 47

FY21 Grant Application

1. Applicant Information

Please refer to the FY21 Grant Program Guidelines to complete the grant application.

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Organization (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID (EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered in System for Awards Management (SAM) Yes \_\_\_\_ or No \_\_\_\_\_

SAM Cage Code?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Program/Project Information

Program/project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/project Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total estimated cost of the program/project? $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Organization portion of program/project total cost? $ \_\_\_\_\_\_\_\_ \_\_\_

CDBG funding amount requested? $ \_\_\_\_\_\_\_\_\_\_\_\_

Number of people to benefit directly from the program/project? \_\_\_\_\_\_\_\_

Total number of people served by the organization on an annual basis? \_\_\_\_\_\_\_

Is the program/project available during regular business hours to the public? Yes \_\_\_ No \_\_\_

If no, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the organization or program require a membership fee? Yes \_\_\_ No \_\_\_ If yes, please explain.

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Describe how the program/project meets one or more of the 2020-2024 Consolidated Plan Goals and Objectives. See Goals and Objectives listed in the Program Guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the program/project and how it will benefit the participant and the overall public. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How will the applicant market/advertise the program/project to the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Eligibility Criteria

Applicants are eligible to receive funds based on the organizations capacity to manage its business and programs is an indicator of it expending a grant award in a timely manner. An award is determined on the proposals ability to demonstrate it will meet a five-year goal and objective, a activity category and a national objective. At least 70% of the program participant(s) must meet the HUD 80% median income guidelines by household, under a “Presumed Benefit” objective or eligible area by census tract.

Eligible Activity Category

Will the program/project meet one of these activity eligibility categories? (check one)

\_\_Public Service \_\_\_ Housing \_\_\_ Supportive/Permanent Housing \_\_ Homeless Shelter \_ \_ Mental Health

\_ Acquisition \_\_\_ Public Facility \_\_ Infrastructure \_\_ Economic/Business Development \_\_ Planning

\_\_ Job Training \_\_ Illiterate \_\_ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Use Program Guideline)

National Objective Requirement

Which Direct or Area Benefit National Objective does the program/project meet?

Check Only One.

\_\_\_ Person/Household assisted through public service, public facility, and housing activities.

OR

\_\_\_ “Presumed Benefit” persons assumed to be income eligible through participation in a activity category

\_\_ homelessness, \_\_ elderly persons (62 + years), \_\_ severely disabled adults \_\_ Illiterate

adults, \_\_ person(s)with AIDS. *\_\_*abused children, \_\_battered spouses, or \_\_ immigrant farm workers.

*\_\_* Jobs category: \_\_\_ create new job(s) \_\_\_ retain existing job(s)

*\_\_* Area category: Benefits households living in eligible census tract(s) or a service area*.*

*\_\_*Prevent or eliminate slum and blight – Improve, clear and/or convert derelict property to meet a goal and objective.

\_\_Urgent Need – Meet an immediate threat to health or welfare of the community whereby other financial resources are not available or with an immediate public catastrophe such as a flooding and damage from due to a hurricane.

Direct Benefit - Will at least 70% of the program/project participant(s) meet the HUD 80% median income guidelines for Milford or fall under a “Presumed Benefit” category?

In (A), enter the approximate total number of person(s) served by the program/project.

In (B), enter the approximate number of low- and moderate-income person(s) served by the program/project.

*If program/project serves a presumed benefit category, enter the total participants in column (A) and (B). The total served will equal 100%.*

|  |  |
| --- | --- |
| (A) Participants / Jobs | (B) Participants / Jobs |
| Total Person(s)  Served | Total L/M Income Person(s) Served |
| 1. \_\_\_\_\_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_ |

*Calculate:* Divide (B) by (A) and enter the percentage of L/M income persons the expected to benefit. \_\_\_\_\_\_\_\_\_\_\_\_\_%.

Area Benefit - Is the program/project located in a L/M Area?

Area by Census Data

Projects benefiting person’s living in L/M census tracts or a service area. HUD formula and Census Track and Block Group data establish L/M income areas in each town. A Milford L/M Census map can be found on the ECD/CDBG webpage. Milford’s total L/M household percentage is 35.37%.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | (A) | (B) |
| Census Tract #  1501-1512 | Block Group # | Total Persons in Census Tract and/or Block Group | # of Low /Moderate Income Persons in |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total | (A) | (B) |

*Calculate:* Divide (B) by (A) and enter the percentage of low- and moderate-income persons the project

expects to serve\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%.

Area by Service Area Boundary

If the program/project is not located in a L/M Area Census Track and Block Group eligibility might be determined by its service area boundaries. Please provide an address list of the program/project participant(s) to determine a service area. The CDBG staff will have the City office of Information System enter it into a GIS program to produce a map.

Eligible by Survey Method

A special survey of residents in the area may be allowed to ascertain the percentage of L/M persons show that the Census information does not reflect current relative income levels in the area or the service area does coincide with Milford L/M area percentage according to the Census Bureau American Community Survey and HUD.

*The survey itself requires HUD approval prior to use.*

4. Compliance & Management

HUD requires program participant(s) to complete a Certification form once during the program year with demographics and income by household, if applicable. *\*Organizations that provide a service considered as “presumed benefit” or located a low/moderate area benefit are not required to request participants to complete a Household Certification form. .*

Does the applicant require program/activity participants to submit an annual application or intake form? Yes \_\_\_ No \_\_\_

If no, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Management

Requests for funds to support existing City employment position or indirect program operating costs such as organizational staff salary or office space costs are ineligible activities 570.207 (b)(2).

Does the Organization have the resources to fill a financial gap in a program/project budget if the *actual* CDBG award is less than requested? Yes \_\_\_ No \_\_\_

*If no, please explain. (List all other resources on the CDBG Budget form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the budget is fully financed, what other program/project details remain to be coordinated?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding towards a public facility project requires an organization to commit to its own project management to ensure the timely and correct completion of the project. If the organization hires a qualified project manager to prepare a scope of work and oversee the project on behalf of the organization then CDBG funds will be available to reimburse this cost up to $1,000. Prior approval is required. The ECD staff will continue to manage the procurement process and offer guidance to complete project.

Does the organization accept this requirement to ensure a facility project is completed correctly and in a timely manner? Yes \_\_\_ No \_\_\_

What is the anticipated program/project Start Date? \_\_\_\_\_\_\_\_\_\_ Completion Date? \_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the program coordinator or project manager. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Accounting Compliance

Did the Organization file a A-133 Single Federal Audit because it received $750,000, or more, in federal funds last fiscal year? Yes \_\_\_ No \_\_\_

6. Outcome Measurement

There are five performance components to the outcomes measurement model. Please explain

how the proposed project relates to each component. Please refer to the application instructions for guidance

with this section.

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inputs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outputs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Outcomes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of President/Chair/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title