

**REQUEST FOR FUNDING  
WEST LAFAYETTE COMMUNITY DEVELOPMENT BLOCK GRANT  
2020-2021 PROGRAM YEAR**

**Deadline:** March 4, 2020

**Submit to:** [eeaster@westlafayette.in.gov](mailto:eeaster@westlafayette.in.gov)

**Agency/Department/Organization Name:**

**Address:**

**Contact Person and Position:**

**Telephone:**

**Email:**

**Program Name:**

**Funding Category:**

**Capital Improvement**

**Public Facilities/Infrastructure** \_\_

**Housing**

**Historic Preservation**

**Economic Development** \_ **Other**

**Public Services (Limited to 15% of the Grant)**

**Homeless Services**

**Elderly Services**

**Self-Sufficiency\Work**

**Related\Health Related**

**Other**

**Program/Activity Description** *Please include in your narrative: (1) a description of your program or project, (2) the target audience and how you will reach them, (3) the income range of those your program or project will serve. (4) if this project or program will target any geographic area of the City, (5) any partners necessary to provide the program and their roles, (5) [for capital projects only] green/sustainable practices you will use, and (6) [for capital projects only] any ways in which you plan to improve accessibility.*

**Amount of CDBG Funding Requested:**

**How will this program benefit low to moderate income households or persons living in poverty?**

**How will your program address fair housing in the community?**

**[For Housing Projects Only] How will this project or program reduce barriers to affordable housing?**

**Does the project or program utilize feedback from past recipients or beneficiaries? If so, please explain how they impact the provision of the project or program.**

**Anticipated Number of West Lafayette residents to be served:**

**Are you meeting your goals for the number of West Lafayette residents served in current program year?  Yes  No**

**If yes, please explain how this project meets a goal of the City of West Lafayette.**

**What will the outcomes be for this project or program?**

**Amount of funding to be leveraged against this CDBG request to complete this project/activity. This is the difference between the total cost of the activity and this CDBG request amount. Please list each amount by the source of leveraged funds:**

- Private Leverage: \$**
- Other Federal Funds: \$**
- State Funds: \$**
- Local Funds: \$**
- Other (please specify): \$**

**Total program/activity budget for last calendar/program year:**

**Total agency budget for last calendar/program year:**

**Please attach any letters of support from the community for this project – limit 3.**

**[Capital Projects Only] Please attach a sources and uses budget for the project.**

**Other Comments:**