

Attachment 1: Request for Funds Application and Questionnaire

Legal Name of Applicant Organization:			
Contact Name:	Phone:	Fax:	Email:
County:	Agency DUNS Number:	Agency Tax ID Number:	
Intent to Apply for Funds: <input type="checkbox"/> We intend to apply for the following project(s) (please name separately): CSBG CARES			
Eligible Use Category:	Amount Requested:	Proposed Number of Persons assisted	For Office Use Only:
Employment			
Education and Cognitive Development			
Income and Asset Building			
Housing			
Health and Social Behavioral Development			
Civic Engagement and Community Involvement			
Agency Capacity Building			
Other: (describe)			
TOTAL			
1. Description of Applicant: A. Describe Applicant’s history, ability and capacity to provide services in alignment with CGTCAP’s Mission and Vision (found in the CGTCAP Community Action Plan). B. Applicant’s mission statement, general goals, and objectives. C. Summary of programs currently or previously administered.			
2. Problem Statement: Problems the proposed project will address, and why you believe it is important to meet this need?			

3. Description of Project: Provide an overview of the proposed program activities, addressing the following:

- A. Plans for implementation with a general timeline for outreach, marketing, and recruitment of program participants;
- B. How services reach specific community/populations;
- C. How services assist low-income families/individuals attain economic security safety net programs, and/or self-sufficiency programs for low income residents;
- D. How many low-income residents do you expect to serve and how low-income status will be verified;
- E. The program's geographic location(s) and population(s) served.

4. Funding Plans: Explain in detail how your organization plans to use the full amount of CSBG CARES funds requested and how it will complement existing funds.

Select check boxes below to certify that if selected for funding, the agency is willing to comply with:

- Homeless Manage Information System (HMIS) data requirements
- CSBG CARES Program Terms and conditions as indicated on the CSD website, found here:
<https://www.csd.ca.gov/Pages/CSBGProgram.aspx#:~:text=In%20March%202020%2C%20the%20Coronavirus,was%20allocated%20to%20California%20in>
- Terms and conditions of Contract with the County of Glenn CAD, example found here:
https://www.countyofglenn.net/sites/default/files/County_Counsel/Independent%20contractor%20template%20v012920.pdf
- Terms and conditions of CSBG CARES Agreement & Local Plan, link to CGTCAP Local Plan found here:
<https://www.countyofglenn.net/sites/default/files/CGTCAP%202020%20CSBG%20CARES%20Local%20Plan.pdf>

Authorized Representative
Printed Name

Authorized Representative Signature

Date

Title

For Lead Agency Use Only:	Received by Deadline	Yes / No	Project Funded	Yes / No
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