

Community Development Block Grant Program 2024 - 2026 Action Plan Letter of Intent to Apply

Letters of Intent may be submitted via email to: slerma@hanford.city

Please enter “PS LOI” in the subject line.

All agencies wishing to apply for a 2024 Public Service Grant must use this Letter of Intent to document compliance with requirements established by Title I of the Housing and Community Development Act of 1974. Applicants who submit a completed and approved Letter of Intent will be notified by the Community Development Housing that they are eligible to submit a full application. Eligibility to submit a full application does not imply final project approval or funding.

Funds will not be available until after July 1, 2024.

A. APPLICANT ELIGIBILITY

1. Legal Applicant:

| | | | |
|---|--|---------|--|
| Applicant: | | Phone: | |
| Address: | | Fax: | |
| City, ZIP: | | E-Mail: | |
| Chief Official: | | | |
| Census Tracts #(s) Where Proposed Activities Will Occur: | | | |
| Applicant UEI (please visit www.sam.gov) #: | | | |

2. Applying on Behalf of Sub-Grantee (if applicable): (e.g.: Non-Profit, etc.)

| | | | |
|--------------|--|---------|--|
| Sub-Grantee: | | Phone: | |
| Address: | | Fax: | |
| City, ZIP: | | E-Mail: | |
| Agency Rep: | | Title | |

B. PROJECT INFORMATION

Provide a concise description of the proposed project below. The scope of work should be specific in identifying how the CDBG money will be used, how the proposed activities represent a new or expanded service and how the service will continue after CDBG assistance.

C. SERVICE CATEGORIES: Select the service category/grant for which you are applying. **Seniors + Persons with Disabilities** **Homelessness** **Community Recreation** **Children & Youth Services****D. COST ESTIMATES & PROJECT FUNDING**

Provide the estimated project cost, amount of CDBG funds to be requested and sources, amounts and dates secured for all anticipated cash matching funds. Clearly state the source of the cost estimates.

| Total Estimated Project Cost: | \$ | CDBG Request: | \$ |
|--------------------------------------|-----------|----------------------|-----------|
|--------------------------------------|-----------|----------------------|-----------|

| Funding Source | Amount | Date Secured |
|-----------------------|---------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL: | \$ | |

E. NATIONAL OBJECTIVE

Check the appropriate box below and attach all required documentation listed in the appropriate box.

| BENEFITTING LOW-TO-MODERATE INCOME PERSONS (LMI) | |
|---|--|
| | Community-Wide LMI National Objective: (for Public Safety Equipment only) Attach the Census Figures indicating 51% or more of the community is LMI along with a completed <u>Beneficiary Profile</u> OR recent survey materials meeting the requirements set forth in OCD Policy Letter Number 19 and Income Survey Methodology Handbook.) |
| | Predominant Use by LMI National Objective: Attach documentation that the public service activities to be provided by CDBG funds will benefit LMI persons, where at least 51% of participants are LMI. |
| | Limited Clientele LMI National Objective: Attach written documentation that the proposed CDBG activity will serve a HUD recognized Limited Clientele group as set forth by the United States Department of Housing and Urban Development in 24 CFR Part 570 and the State of California CDBG Program. Limited Clientele Groups are: Abused Children, Battered Spouses, Elderly Persons, Adults with Disabilities, Homeless Persons, Illiterate Adults, Migrant Farm Workers or Persons Living With AIDS. |



APPLICANT CERTIFICATION

- a. To the best of my knowledge and belief, the information in this Letter of Intent and all attached documentation is true and correct.
- b. This pre-application complies with all applicable State and federal laws and regulations; and
- c. Approval of this Letter of Intent by Community Development Housing Department to submit a final application does not imply final project approval or funding.

Signature of Chief Executive Officer:

Name of Agency:

Date: