



ATTACHMENT G

CDBG-HOME APPLICATION

Year 5 Action Plan 2019-2020

CITY OF LIMA, OHIO

PLEASE PRINT LEGIBLY

APPLICANT

Name of Organization:		Address:	
Government:	For Profit:	Non-Profit:	
Telephone:	Federal I.D. Number:	Email Address:	
Grants Contact Person:		Title:	
Address:		City: Lima	
State: Ohio		Zip Code:	
Telephone:		Email Address:	

PROJECT ELIGIBILITY

Matrix Code:	National Objective Goals	National Objective Code	Certificate of Eligibility
If the matrix code selected was an LMA type project (03) and any of its sub-letters, please indicate why the presumed benefits will affect the LMI residents.	<input type="checkbox"/> Job Creation		No. of people benefiting:
	<input type="checkbox"/> Housing Improvement		No of LMI benefiting:
	<input type="checkbox"/> Slum/Blight Removal		% of LMI benefiting:
	<input type="checkbox"/> Public Services Provision		Accomplishment type/unit of service:
	<input type="checkbox"/> Public Facility Improvement		
<input type="checkbox"/> 51% or more LMI Persons			
Does the project meet 2015-2019 Conplan priority (ATT A) needs?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

* For currently active project Matrix Code see Attachment B and for a complete list of all eligible activities and Matrix Code please see [Title 24 - CFR 570 Subpart C \(IDIS Matrix Codes\)](#)

*For additional guidance on National objective code and accomplishment type/Unit of service go to Appendix A and B :

http://www.hud.gov/offices/cpd/systems/idis/cdbg/CDBG%20EntitlementsApp_8-18-11.pdf



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PROJECT INFORMATION (use additional pages if needed)

Name of Proposed Project:		
Address of Proposed Project:		
City: Lima	State: Ohio	Zip Code:

PROJECT BUDGET

Please attach the Budget and scope of work for the project showing cost items for capital improvements, administration, operations, consulting, equipment, etc. See Scope of Work Attachment E

CATEGORY	CDBG-HOME FUND REQUESTED	OTHER FUNDS	TOTAL
PROJECT LEVERAGING			
TYPE	SOURCE OF FUND	VALUE	WRITTEN AGREEMENT
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No



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1st Quarter Goal (Oct-Dec):
2 nd Quarter Goal(Jan-Mar):
3 rd Quarter Goal(Apr-June) :
4 th Quarter Goal(Jul-Sept) :
TOTAL ANNUAL GOAL:

MULTI-YEAR PROPOSAL

If the proposed project is a multi-year proposal, please provide a general description and budget requirements for the succeeding years. (NOTE: This application does not guarantee funding support for any following budget years. Yearly applications are required.)

Please attach the required Scope of Work and any additional information that describes the proposed activity and return the signed hard copy to the Department of Community Development (DCD), 50 Town Square, Lima, OH 45801 [and e-mail to aloka.roy@cityhall.lima.oh.us](mailto:aloka.roy@cityhall.lima.oh.us)

must be submitted no later than 5:00 PM on May 17, 2019

Certification:
 I hereby certify that all information contained herein and attached hereto is accurate to the best of my knowledge.

Name _____
 Title _____
 Signature _____
 Date: _____

NOTE:
If your project has been approved for implementation through a signed contract or agreement between the city and your organization, you will be required to provide DCD with periodic reports on status of project implementation, financial status and accomplishments.

Any question on this Form, please contact the Department of Community Development at (419)221-5146