



**REQUEST FOR PROPOSALS APPLICATION  
Community Development Block Grant  
Program Year 2023**

(Applications submitted missing the requested documents and information will be regarded as incomplete and returned to the agency).

**I. GENERAL INFORMATION**

**Deadline to Submit: March 3, 2023**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Project/Activity Name: \_\_\_\_\_

**Funds Amount Requested:** \_\_\_\_\_

**II. APPLICANT INFORMATION & DOCUMENTATION REQUIRED**

A) Please describe your agency and what services are provided.  
(Use additional sheets if necessary)

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

B) What is your annual operating budget for the proposed project activity **only**?

\_\_\_\_\_

C) Please list current sources of funds and amounts for the current year of operations for the proposed project/activity.

**Source of Funds**

**Amount**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

D) Date last audit of agency was completed: \_\_\_\_\_

Please provide a copy of your agencies current audit.

**Applications submitted without the current audit will be considered incomplete and returned**

E) All non-profit organizations must also submit the following documentation with the Request for Funds application:

- A copy of the IRS 501(C) (3) Status
- A list of the current Board of Directors
- A copy of the most recent submitted Form 990
- Organization DUNS number. If you do not have a DUNS number, we will need for you to provide the office one no later than May 1, 2023.

III. **SERVICE AREA AND BENEFICIARIES**

A) What is the full service area of this agency? (Please check one)

Pharr only \_\_\_\_\_ County Wide \_\_\_\_\_ Regional \_\_\_\_\_ Other \_\_\_\_\_

Please describe other service area: \_\_\_\_\_

B) Please provide the number of individuals or families assisted in the following calendar years. (Please note, a family of five should not be considered as five persons assisted. A family will qualify as one assisted case).

|                       | 2020  | 2021  |
|-----------------------|-------|-------|
| # Pharr Cases         | _____ | _____ |
| # Of Other City Cases | _____ | _____ |
| Total Number Assisted | _____ | _____ |

C) What is the total number of proposed Pharr based individuals/families that will be assisted under this proposed funded project/activity?

New Clientele # \_\_\_\_\_ Existing Clientele # \_\_\_\_\_

IV. **PROJECT DESCRIPTION**

A) Describe the proposed project/activity fully and what goals or objectives will be addressed with the funding requested. **Applicants must submit the Agency’s Program Guidelines and Eligibility Criteria for the proposed project/activity.**

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B) What is your anticipated out-come (results) and out-put for the proposed project/activity?

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C) Describe specifically what the proposed funding will be used for?

**Attach an itemized budget page identifying funding items.**

(Please explain: labor, supplies, materials, etc.).

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D) Is there a formal plan or plans that describe or identifies the need for this project?

(Please list)

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E) Are there similar projects in the area and how will these services be coordinated with those service agencies?

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F) List agencies or groups giving letters of support for the project/activity:

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G) What efforts would be taken if only a partial amount of the request is funded?

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H) What will be the impact if the project/activity is not funded?

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I) Describe the Performance Measurement Tools used to assess and identify the program's goals and objectives.

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**Prepared By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Name and Title