



REQUEST FOR PROPOSALS APPLICATION
Community Development Block Grant
Program Year 2025

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

I. GENERAL INFORMATION

Deadline to Submit: May 2, 2025

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, 2025
- Unique Entity ID
- Prior year Financial Report/Audit

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).

	2024	2025
# 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.**

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

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.).

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

(Please list)

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

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

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

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

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

Prepared By: _____ Date: _____
Name and Title