



## Application Checklist

Be sure to include all items requested on the Application Checklist:

- Completed application packet
- Application signed by authorized official
- Submit completed application via email
- Proof of IRS 501(c)3 status (if applicable)
- List of Organization's Board of Directors
- Proof of active entity registration with SAM.GOV
- Proof of required insurance
- Completed W-9
- Proof of registration and good standing with Texas Comptroller
- Copy of most recent financial audit

## Application Certification

- Organization has no conflict of interests with City appointed or elected representatives and does not employ City-appointed or elected representatives of their families.
- Organization will comply with federal requirements to be observed by organizations being funded with HUD funds, including compliance with Federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, Non-Discrimination, FFATA, Section 109, Title VI and EO 11246.
- Authorized official certifies that this Application packet has been reviewed and all information provided in this application and attachments is true and correct.

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

**City of Brownsville - HUD CARES Fund  
Project Application**

**1. Organization Information**

Proposed Project Name/Title \_\_\_\_\_

Amount of Funds Requested \_\_\_\_\_

Name of Organization \_\_\_\_\_

Executive Director/CEO \_\_\_\_\_

501(c)3 Status       Yes       No       Supporting Documents Attached

DUNS Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone/Fax Number \_\_\_\_\_

Website \_\_\_\_\_

Project Manager \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Funding Requested  
(Select One)

CDBG-CV

ESG-CV

**2. Organization History and Experience**

Using ONLY the space below, provide a brief history of the agency, including a description of the history, mission, services of the organization, description and experience of staff, and federal grant management experience:

[Empty response box for Organization History and Experience]



**4. Project Description**

Using only the space below, describe the Scope of Work for the proposed project. Describe how the project or activity will support the local pandemic response. Explain how proposed activities will prevent, prepare for and/or respond to the spread of COVID-19. Detail each service activity the program will undertake. If applicable, describe the intake procedures, location and hours of operation, as well as the staffing and outreach plan:

**5. Project Timeline**

Proposed Project Start Date: \_\_\_\_\_

Proposed Project End Date: \_\_\_\_\_

Project will last \_\_\_\_\_ months. (*Maximum allowed timeframe of twelve (12) months.*)

**6. Project Goals**

*Program Milestones*

In the space provided below, please outline the goals and milestones your organization will meet throughout the life of the grant award. Include information such as the number of people served or units of service to be provided.

<b>Quarter of Activity</b>	<b>Activity/Action</b>
<b>Quarter 1</b>	
<b>Quarter 2</b>	
<b>Quarter 3</b>	
<b>Quarter 4</b>	

**7. Proposed Budget**

Use the chart below to detail the budget for the proposed project. Be sure to include other funding sources, if applicable, to demonstrate leveraging of funds/

Specific Cost Item/Description	Federal Funding Request	Other Funding Source	Other Funding Amount	Total Amount Federal + Other Source
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
Total Federal Funds Requested	\$	Total Program Cost (Federal + Other)		\$

**8. Budget Justification**

Please provide specific details as to how the requested amount for each line item was determined:

(Refer to the Project Budget)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.