

Please refer to the Instructions for the Project Proposal Form before filling out this document.

Project Description

Project Description - Describe the proposed activities and explain how the project addresses the problem or need.

Type of Project - Please choose from the following list to indicate the category that best represents your project.

- | | |
|---|---|
| <input type="checkbox"/> Business and Jobs | <input type="checkbox"/> Infrastructure Needs |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Public Buildings & Facilities |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Populations with Specialized Needs |

Type of Activity – Please choose from the list of activities on pages 5-6 of the instructions, and indicate below the activity that best matches your project.

Project Description continued

Project Location & Service Area - Indicate the location of the proposed activities. For public improvement projects such as street or water improvements, include all of the street names and address ranges for all persons that would benefit from the activity. Describe the area to be served by the project. If possible, include a map.

Number of People Impacted – Indicate the number of persons, and/or households to be served. If known, indicate an estimate of the number and/or percentage of low-moderate income persons to be served.

Project Cost and Timelines	
If known, provide the total project cost and a copy of the cost estimate or budget.	Estimated Cost of the Project: * \$
If known, indicate the amount of CDBG funds requested.	Amount of CDBG funds requested: \$
If any additional funding sources are needed, indicate the sources and amounts to ensure full funding of the project. Attach any letters of financial commitment. Any additional funds must be committed in writing prior to CDBG project approval. If this is a housing project, please attach a proforma.	Amount and Source of Other Funds:
If applicable, indicate the source of the cost estimate.	Source of the cost estimate:
If known, indicate the proposed schedule for project completion. If a timeline is not available, indicate an approximate number of days for project completion. Keep in mind that grant funding for the Program Year Cycle is available no earlier than November 1.	Timeline for Implementation of Project:
*Technical assistance on project cost estimates may be able to be provided by County staff.	

Additional Notes and Information

Answer the question by selecting Yes or No.	Has this project received Travis County CDBG funding in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe the project's past performance – Indicate the number of years of funding and details on successes and barriers.

Answer the question by selecting Yes or No.	Does your organization or Department have experience working with CDBG funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe your organization's past performance – Indicate the number of years of funding and details on successes and barriers.

Thank you for your participation!