

PROJECT INFORMATION

Project Title:	This Request is for a (<i>Check One</i>): <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project
Amount of CDBG Funds Being Requested:	Performance Indicator: 0 - Other
Project Site Address: Address: City, State, Zip:	Expected Accomplishments: Qty (goal) Type 0 - Other
Have You Received City Funds Before (<i>Check One</i>): <input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting National Objective: Benefits Low-and Moderate Income Persons

Provide a detailed description of the proposed project and activity (*attach additional sheets if necessary*):

PROJECT SERVICE AREA INFORMATION
(Check one of the following that best describes your service area)

- Citywide (*Entire City of Upland*) Specific Census Tracts (*see chart on instruction form*)
- Specific Target Area (*provide map of target area*)
- Low-Mod Census Tracts (*CDBG Target Area*)
- Slum and Blight Area

PROJECT BUDGET SUMMARY
(The Agency understands that no expenditures may be incurred before a contract has been fully executed)

Formula Grant Cost Category	Overall Budgeted	Upland CDBG Funds
Personnel Costs		
Non-Personnel Costs (supplies)		
Non-Personnel Costs (consultants)		
Capital Improvement Costs		
Other		
Total	\$ 0.00	\$ 0.00

Describe any other funding sources (and the amount of the other funding source) that will be used in the execution of the project:

**TOTAL OPERATING BUDGET
EXPENSES
Use Whole Dollars Only**

	A Prior Fiscal Year 2014 to 2015	B Current Operating Year 2015 to 2016	C Proposed Budget July 1, 2016 to June 30, 2017	D Percent Change *
EXPENSE				
Salaries				
Employee Benefits				
Employee Payroll Taxes				
Profess. & Consultant Fees				
Supplies				
Telephone & Fax				
Postage & Shipping				
Occupancy & Utilities				
Rental & Maint. of Equip.				
Printing & Publications				
Travel & Transportation				
Conferences				
Specific Assist. to Individ.				
Membership Dues				
Awards & Grants				
Insurance				
Equipment Purchased				
Miscellaneous Expenses				
Transfer to Other Funds				
Dues to Ntl. Organizations				
Other**(Must provide backup documents).				
TOTAL EXPENSES				
Surplus (or Deficit) of Total Support & Revenue				
Over Expenses				
* Percent Change between items in columns B and C. Please explain changes greater than 15% between columns B and C. Formula (C-B)/B.				
** Explain what is included in the "Other" category.				

**TOTAL OPERATING BUDGET
REVENUE**
Use Whole Dollars Only

	A Prior Fiscal Year 2014 to 2015	B Current Operating Year 2015 to 2016	C Proposed Budget July 1, 2016 to June 30, 2017	D Percent Change *
PUBLIC SUPPORT				
Contributions				
Foundations & Private Grants				
Fundraising/Special Events				
Legacies & Bequests				
Other Federated Org.				
United Way				
Misc. Organizations				
Other				
SUBTOTAL				
GOVERNMENT				
Federal				
State				
Local				
SUBTOTAL				
OTHER REVENUE				
Membership Dues				
Program Service Fees				
Investment Income				
Transfer From Other Fund				
All Other Revenue				
SUBTOTAL				
TOTAL REVENUE				
*Column A is the audited or most recently completed 1-month period.				
** Percent change from B to C. Formula (C-B)/B. Please explain changes greater than 15 percent.				

In the table below, please input the approximate target date for each of the 8 phases listed. These dates will allow us to track the progress of your project during the program year.

Milestone	Target Date	Percent Completed	Comments
Phase 1: Preparation of Bid Document		4%	
Phase 2: Pre-Bid		6%	
Phase 3: Bid Opening		8%	
Phase 4: Contract Award		10%	
Phase 5: Pre-Construction		12%	
Phase 6: Mid-Construction		54%	
Phase 7: Construction Completed		96%	
Phase 8: Post Construction/Labor File Review		100%	

**2015 HUD INCOME LIMITS (Eff. 03/06/2015)
(San Bernardino County Metropolitan Area)**

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Very Low Income (30%)	13,100	15,930	20,090	24,250	28,410	32,570	36,730	40,890
Low Income (50%)	21,750	24,850	27,950	31,050	33,550	36,050	38,550	41,000
Low-Moderate Income (80%)	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650

Please complete the following demographic information (This applies to Program Administrator). Demographic information is requested by the Department of Housing and Urban Development (HUD). This information will be strictly confidential.

RACIAL BACKGROUND (check one)	ETHNIC BACKGROUND
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

I hereby certify that the aforementioned statements are true.

Print Name and Title of Person Signing Contract	Signature	Date
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