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| --- | --- | --- | --- |
| Name of Organization: | **.** | | **Exhibit A** |
| Project Name: | **.** | |  |
| |  | | --- | |  | |  |  |  |
| **Other Funding Sources**  Identify all sources of funding by organization or donor and amount of funds that are anticipated to be utilized for this program. These funding sources should correspond with your proposed budget (Exhibit B). Leveraging and matching funds are not required but are highly encouraged as CDBG funds are not intended to provide ongoing support. |  |  |  |
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|  |  |  |  |
| **Source of Funds** (organization/agency name) | **Type of Funds:**  (i.e., CDBG, HOME, ESG, HOPWA, Other Federal Funds, State/Local, Private, fees, contributions, special events, volunteers, Other…) | **Amount of Funds** (list amount received or anticipated, or value of In-kind commodities or services) | **Funding Status** (i.e., cash on hand, grant awarded, etc.) Committed, Pending, and Not yet requested. |
| City of Turlock Public Service Grant funds | Federal CDBG funds | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pending |
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| Total funding sources for this project should match detailed budget (Exhibit B)   |  | | --- | |  | |  | $ - | This total should equal your program budget total.   |  | | --- | |  | |
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| City of Turlock-Housing Program Services | |  | Other Funding Sources |
| CDBG Public Service Grant Application Fiscal Year 2024-2025 | | | **Exhibit A** |

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Organization:  **.** | | | |  | | **Exhibit B** |
| Project Name:  **.** | | | |  | |  |
| **Budget**   |  | | --- | |  |   Please fill out the form below noting the total amount of funding requested for each line item. The amounts indicated should equal the funding requested. The total amount in the "Other Funding" column should equal the total funding required to carry out the program as listed under "Other Funding Sources" Exhibit A. Specific details of Project Costs are required. You will be required to follow each line item amount detailed in this budget in your draw requests. | |  | |  | |  |
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| *Do not add or change any line items listed*  Year round program or  Seasonal program | |  | |  | |  |
|  | |  | |  | |  |
| **Line Item** | | **Turlock CDBG** | | **Other Funding** | | **Program Total** |
| **1. Personnel Costs:** | |  | |  | |  |
| a. Salaries/Benefits/taxes (fringe) -List Positions below: | |  | |  | | - |
|  | |  | |  | | - |
| **Subtotal** | | **-** | | **-** | | **-** |
| **2. Non-Personnel Costs:** | |  | |  | |  |
| a. Rent/Lease of Space (for program only): | |  | |  | | - |
| b. Janitorial: (Cleaning supplies, toilet paper, ...) | |  | |  | | - |
| c. Utilities: (gas, electric, water) | |  | |  | | - |
| d. Telephone/Internet Services: | |  | |  | | - |
| e. Insurance-Specify types: | |  | |  | | - |
| f. Supplies (office only): | |  | |  | | - |
| g. Postage/Shipping: | |  | |  | | - |
| h. Rental/Maintenance Equipment: | |  | |  | | - |
| i. Audit: | |  | |  | | - |
| j. Automobile/Transportation/Mileage: | |  | |  | | - |
| k. Staff Training/Conferences: | |  | |  | | - |
| l. Subcontracts (be specific):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | - |
| m. Professional Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | - |
| n. Other (be specific):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | - |
| o. Other (be specific):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | - |
| **Subtotal** | | **-** | | **-** | | **-** |
| **3. Project costs (not already listed above):** | |  | |  | |  |
| a. Project costs description: **Food** | |  | |  | | - |
| b. Project costs description: **Supplies (non-office)**: Example: Paper plates/cups, paper napkins, plastic utensils, plastic serving gloves, ... | |  | |  | | - |
| c. Project costs description (be specific): | |  | |  | | - |
| **Subtotal** | |  | | **-** | | **-** |
|  | |  | |  | |  |
| **Totals** | | **-** | | **-** | | **-** |
|  | | | | | | |
| City of Turlock-Housing Program Services |  | |  | | Budget | |
| CDBG Public Service Grant Application Fiscal Year 2024-2025 | | |  | | **Exhibit B** | |

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|  | Name of Organization: | **.** | | | | |  | | **Exhibit C** |
|  | Project Name: | **.** | | | | |  | |  |  | |
|  | Complete the following personnel table. List the positions for **all of the individuals that will be involved with the implementation of the project**, funded or not with Turlock CDBG funds. This would include but is not limited to program staff, volunteers, and contracted employees. The expenses should correspond with the Budget (Exhibit B). | **Personnel Information**   |  | | --- | |  | | |  | |  |  | |  |  | |
|  |  |  | |  | |  |  | |  |  | |
|  | **Position Title** | **Position Type** (direct service, admin support, etc.) | | **Pay Rate** (Hourly with Fringe) | | **Hours Per Month**  (for the program) | **Months per fiscal year** | | **Total Yearly Cost to Program** |
| 1 |  |  | |  | |  |  | |  |
| 2 |  |  | |  | |  |  | |  |
| 3 |  |  | |  | |  |  | |  |
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| 11 |  |  | |  | |  |  | |  |
| 12 |  |  | |  | |  |  | |  |
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| 20 |  |  | |  | |  |  | |  |
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|  |  |  | |  | | **Total:** |  | | **$0.00** |
|  |  |  | |  | |  |  | | | |  |
|  |  | | |  | |  |  | |  | |  |
| City of Turlock-Housing Program Services | | |  | |  | |  | Personnel Information | | |
| CDBG Public Service Grant Application Fiscal Year 2024-2025 | | | | |  | |  | **Exhibit C** | | |