

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)

**PUBLIC SERVICES PROGRAM APPLICATION**

**PART I – CHECKLIST / AGENCY INFORMATION**

Before you begin, please refer to the Community Development Block Grant application guidelines. The project/program must meet threshold requirements before CCCD will consider your application. **For the Program Year 2025 grant cycle, CCCD will only fund programs that will provide case management and/or services that primarily target homeless persons or those persons at risk of becoming homeless.**

**Applicant / Agency:**

**Project Name:**

**Total CDBG Funds Requested:**       **Total Project/Program Costs:**

1. **CHECKLIST**

|  |
| --- |
| Please complete the entire application (Part I and Part II) and include all applicable documents. All applicable documents must be attached and labeled. Applicant / Agency is submitting the following documents with this cover sheet:   * **Label**         Part I – Checklist / Agency Information (Required for all applicants) AND        Part II – Project/Program Information (Required for all applicants)- *Refer to Application Guidelines*  **ATTACHMENTS**  **Agency Information / Structure and Background (Required)**        Current Bylaws / Articles of Incorporation\* (*Nonprofit only*)        Copy of 501(c)(3) / IRS Letter of Designation\* (*Nonprofit only*)        Organization Chart \*        Current resumes on key project personnel \*        A copy of most recent audit; if not available, then financial statements for a two-year period.        Insurance / Bonding / Worker’s Compensation        Recent Projects completed  **National Objective (If applicable)**        National Objective LMA documentation (e.g. map identifying census tract/block group of LMI area)  **Project Financial Information**        Project / Program Line-Item Budget        Agency’s Current Operating Budget (Nonprofit only)        Evidence of Other Sources of Funds: Match Document, Letter from Participating Bank(s) or Loan  **Other Documents (Optional):**        Client intake / application documents        Marketing materials (brochures, flyers, etc.)        Community-Based Development Organization / Community Housing Development Organization Documents (If designated / approved by CCCD)        Copy of the Relocation Plan and relocation budget        Other        Other        Other |

*\*Private agencies that have applied in the past two years or are currently funded by Cumberland County Community Development do not need to submit Bylaws/Articles of Incorporation, tax exemption letters, an organization chart, and resumes of the program administrator and fiscal officer if they are on file in this office and they have not changed since last submission.*

**B. AGENCY INFORMATION**

|  |
| --- |
| **1.** **Legal Name of Agency (Applicant):**  **2.** **Mailing Address:**  **City:**       **State:**       **Zip:**  **3.** **Street Address:**  **City:**       **State:**       **Zip:**  **4.** **Primary/Contact Person:**  **5.** **Telephone:**       **6.** **Fax:**  **7.**  **Email:**  **8. Agency website address:**  **9. Agency registered to conduct business in the State of North Carolina?**  Yes  No  **10. Registered in System for Awards Management (SAM)?**  Yes  No  **11. SAM Cage Code:**       **Federal Identification Number (required):**  **12. DUNS Number (required):**  **13. Type of Applicant:**  County  City  Nonprofit Organization [501(c)(3)]  Township  Other (Specify):  **14. Date Agency Established (if nonprofit, should be the date on the Articles of Incorporation)**:  **15. Is this agency a Minority-owned Business Enterprise (MBE)?**  Yes  No  **16. Is this agency a Women-owned Business Enterprise (WBE)?**  Yes  No |

**C. AGENCY CONTACT SHEET**

|  |
| --- |
| Agency Head Name/Title:  E-Mail:  Phone and Fax #:  Grant Writer Name/Title:  Agency Name:  E-Mail:  Phone and Fax #:  Financial Staff Name/Title:  E-Mail:  Phone and Fax #:  Board Chair Name:  Mailing Address:  City/State/Zip:  Phone and Fax #: |

**D. agency structure and background**

|  |
| --- |
| **1. Board Information**  Provide current list of Agency Board of Directors: Include name, position/title, city residence, length of time on the Board, and expiration of terms. Note any vacant positions. (Nonprofit only)  Provide Agency’s current adopted Mission Statement:    **2. Background and Program Experience**  Describe the length of time the agency has operated, date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, and required licenses to operate (if applicable). Describe the agency’s previous experience implementing similar programs/projects.    **3. Personnel/Staff Capacity**  Briefly describe the agency’s existing staff positions and qualifications, its capacity to carry out the proposed activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.    **4. Monitoring**  Has the agency received any Federal findings, resolved or unresolved, within the past 5 years?  No  Yes If “Yes”, please explain:  Subgrantees of CDBG funds will be required to provide data and information related to the progress and expenditures of CDBG-funded activities on a monthly / quarterly / and annual basis. Briefly describe how you will monitor progress in implementing the program. Describe and discuss agency’s experience in reporting, monitoring, or recordkeeping compliance requirements.    **5. Financial Management**  Describe the agency’s fiscal management, including financial reporting, record keeping, accounting  systems, payment procedures, and audit requirements. Indicate if the agency has a written procedures manual for financial management and personnel.    **6. Audit Requirements**  Indicate your agency’s status as it relates to audit reports by checking the appropriate box below:  Agency conducts audits of all its funding sources and will submit a copy of its most recent audit.  Agency does not have a current audit process in place.  If an audit is not available, then please attach financial statements that include General Ledger and Balance Sheet detail covering the last two most recent reporting periods of operation.  **7. Insurance / Bonding / Worker’s Compensation**  State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker’s compensation as required by Federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency’s accounts, in what amount, and with what insuring agency.    **Required Attachments:**   * Current Bylaws / Articles of Incorporation\* (Nonprofit only) * Copy of IRS Letter Confirming 501(c)(3) Status\* (Nonprofit only) * Organization Chart \* * Current Resumes \* * A copy of most recent Audit; if an audit is not available, then financial statements that include General Ledger and Balance Sheet detail for a two-year period. * If Community Housing Development Organization (CHDO), updated information demonstrating current CHDO eligibility status. * If Community Based Development Organization (CBDO), updated information demonstrating current CBDO eligibility status. |

*\*Private agencies that have applied in the past two years or are currently funded by Cumberland County Community Development do not need to submit Bylaws/Articles of Incorporation, tax exemption letters, an organization chart, and resumes of the program administrator and fiscal officer if they are on file in this office and they have not changed since last submission.*

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)

**PUBLIC SERVICES PROGRAM APPLICATION**

**PART II – PROJECT/PROGRAM INFORMATION**

|  |
| --- |
| **PROJECT NAME:** |

**A. GENERAL INFORMATION**

|  |
| --- |
| 1. **New / Continuation (check one):**  First-time Requesting CDBG FundsReceived CDBG Funds in past 12 months  **Note: If previously funded, the agency must show quantifiable increase in the level of service**  If the proposed project is a new project or a continuing project that is requesting an increase in funding, 1.) state what your current level of service is; 2.) state what your current CDBG funding amount for this project is, if any; and 3.) indicate in quantitative terms how the CDBG funding will be used to provide a new service or quantifiable increase in the current level of service. Projects must demonstrate that funding does not merely replace other state or local government funding for an existing service in order to be eligible for funding. Continuing projects that were originally funded for a new or increased level of service are eligible for continued funding at the same or lower level if the activity is consistent with the proposed 2020-2025 Consolidated Plan; increased requests for funding must be tied to a cost of living increase or to new or increased levels of service.    2. **Location of Project:**    Street Address:  City:       State:       Zip:  Projects must provide services within the County’s participating jurisdiction (Refer to the Request for Proposal guidelines for a description of the participating jurisdiction). If your project is located within the City limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County. |

**B. ELIGIBLE ACTIVITY**

|  |
| --- |
| 1. Select the main public service activity type that will be implemented using CDBG funds:    If “Other” was selected, please specify: |

**C. NATIONAL OBJECTIVE**

|  |
| --- |
| If applying for CDBG funds, the project must meet one of three national objectives (Refer to Request for Proposal guidelines for details):   1. Benefit low- and moderate-income (LMI) persons, 2. Aid in the prevention or elimination of slums or blight, or 3. Meet community development needs having a particular urgency.   Please indicate which national objective your project/program will meet by selecting one of the three categories listed. Under the selected category, provide the information needed for that category.  **Category 1: Benefit low- and moderate-income persons [570.208[(a)]**    **LMI Limited Clientele;** or  **Low/Moderate Income Area (LMA) Benefit (only check if serving in a Qualified Census Tract)** **: Indicate Census Tract / Block Group and/or attach a map:**  **Category 2: Prevention or Elimination of Slums or Blight [570.208(b)]**  **Category 3. Meets an Urgent Need [570.208(c)]** |

**D. PROJECT NEED AND SERVICE DELIVERY (Attach Additional Sheets If Necessary)**

|  |
| --- |
| 1. Briefly describe the **need or problem** to be addressed in the community and how it relates to Cumberland County Community Development’s proposed 2020-2025 Consolidated Plan’s priority needs. (Refer to the Request for Proposal guidelines). Provide information on the population group to be served; the need for the service proposed; what is the existing level of service for the population group; goals and objectives; and what are the gaps in providing the proposed services.    2. Indicate the **work to be performed**, including the activities to be undertaken or the services to be provided, method of approach, and the implementation schedule. Be specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, and the frequency with which the activities will be carried out, and the frequency with which services will be delivered.    3. Indicate how you will identify clients. Provide an estimate as to the number of clients to be served and describe the characteristics (e.g. age, gender, etc.) of the clients.    4. Indicate how you propose to coordinate your services with other community agencies and leverage resources.    5. Indicate how will clients access services at the facility. Describe the efforts your agency and partners will make to promote your program and reach isolated individuals. Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.    6. Explain how the proposed public service project is not a duplication of an existing service in Cumberland County or how the proposed public service project would better service the community.    7. How will you determine eligibility (income screening, location of residence, and eligibility in other government programs? Are you familiar with current CDBG income screening requirements? Provide a copy of the tool used during the client intake process as an attachment.      8. **For agencies serving primarily homeless persons (or those at-risk of homelessness):**  Will the agency participate in the local Continuum of Care (CoC) Coordinated Intake/Entry System (see Request for Proposal guidelines for details)?  Yes  No  9. If you answered “Yes” to question #8, will the agency use the local Homeless Management Information system (HMIS) database to track client information and resources?  Yes  No |

**E. PERFORMANCE MEASURES / ANTICIPATED OUTPUT GOALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What performance measures will you use to document the success of your program/project?    Persons Served In Cumberland County. Indicate the number of unduplicated persons to be assisted in total and the number of unduplicated persons to be assisted with CDBG funds for each year of funding requested. Unduplicated means that each person served by the project is counted only once during the program year. Estimate the number of families/households in Cumberland County to be assisted with CDBG funds (subset of the number of persons to be assisted with CDBG funds).   |  |  | | --- | --- | |  | **Proposed** | | 1. Total **persons** receiving assistance in the proposed project/program |  | | 1. Total **low to moderate-income** **persons** receiving assistance in the proposed project/program |  | | 1. Total **families / Households** receiving assistance in the proposed project/program (subset of Q1.) |  | | 1. Total **low to moderate-income** **families / households** receiving assistance in the proposed project/program (subset of Q2.) |  | | **Do you plan to exclusively serve any of the following (check the appropriate box):** | | | Homeless Families/Individuals |  | | Senior Citizens (62 and older) |  | | Persons Living with AIDS |  | | Abused Children |  | | Battered Persons |  | | Severely Disabled\* Persons |  | | Illiterate Adults |  | | Migrant Farm Workers |  | | Other (specify): |  | | 2. For projects providing temporary housing or shelter:  a. Indicate the number of units and beds that the facility will serve:  Total Number of Units:       Total Number of Beds:  b. What subpopulation(s) is your program projected to serve (check all that apply)?  **Subpopulation Type Number of Households Number of Households**  **with Single Adults Only with Children**  Chronic Homeless  Veterans  Youth (under 25)  Domestic Violence  Substance Abuse  Domestic Violence  Mental Illness  HIV/AIDS  Other:  c. Will the agency use the local Homeless Management Information System (HMIS) database system to track client information and resources?  Yes  No | | |

**F. PLEASE ATTACH A COPY OF THE AGENY’S OPERATING BUDGET (NONPROFIT ONLY)**

**G. PROJECT / PROGRAM BUDGET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete the line item budget below or attach a project / program budget to the application identifying line items, funding sources, need and cost justification.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Item** | **CDBG Funds** | **Other Funds**  **(Federal, State, Local, & Private)** | **Total Funds** | **Need / Cost Justification** | | Example: Educational / Training Books | $100 | $100 | $200 | 20 clients x $10 per book | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | |  | $ | $ | $ |  | | **Total Project/Program Budget** | **$** | **$** | **$** |  | |

**H. LEVERAGE / SUSTAINABILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Complete the following table providing information on all funding sources you anticipate using for the proposed project. Attach additional sheets if necessary.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Type** | **Source / Type (Grant or Loan)** | **Status\*** | **Date of Anticipated Award Announcement** | **Amount** | | CC Community Dev. | CDBG / Grant | Awaiting Response | June 2024 |  | | State | / |  |  |  | | Other Federal | / |  |  |  | | Local: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Other: | / |  |  |  | | Program Income (CDBG) |  |  |  |  | | Total |  |  |  | $ |   *\*Indicate the status of the funding commitment using the following choices: 1) funding secured, 2) awaiting final approval, 3) awaiting response, 4) status unknown.* | |  | |

Please attach letters of commitment

1. In the event one or more of the line items in your program budget is not realized, discuss the effect it would have on the proposed public service?

1. Explain how this program (whether it is a start-up or continuation) could be maintained and operated without continued or additional CDBG funding?

**I. PREVIOUS SUBRECIPIENTS ONLY**

|  |
| --- |
| This section is to be completed by applicants that are current or previous recipients of Cumberland County Community Development funds.  How many grant cycles has your agency received Cumberland County Community Development funds?    Identify specific actions that have been taken in the last 12 months to reduce your agency’s dependency on Cumberland County CDBG funds?    Consider the last Fiscal Year that your agency received funds through Cumberland County Community Development. Were performance measures and timelines met? Did you serve the projected number of clients originally projected?  Please indicate percentage completed for the following:  Reports submitted accurately and timely      % of the time  Percent of program budget expended      %  Activity Summary Reports submitted accurately and timely      % of the time  Out of the total number of clients projected to serve, indicate the percentage  of clients actually served      %  Please give an explanation for any of the above percentages that were below 75%. |

**J. FEDERAL AND GENERAL REQUIREMENTS**

|  |
| --- |
| Agencies must adhere to applicable statutes and regulations listed below:  **Debarment and Suspension -** The applicant/agency is not currently debarred nor suspended from submitting proposal for contracts issued by any political subdivision or agency of the State of North Carolina or the Federal government. Applicant/agency must be registered at Sam.gov to be eligible.  **Utilization of Minority/Women & Disadvantaged Contractors** – Projects receiving CDBG funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise) and Executive Order 12138 (Utilization of Female Business Enterprise).*  **Title VI of the Civil Rights Act of 1964** – No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance on the grounds of race, color, or national origin. (*Public Law 99-352).*  **American with Disabilities Act** – Projects receiving CDBG funding involving physical activities must include accessibility and comply with the Americans with Disabilities Act guidelines. Any CDBG/HOME funded service must be provided in an accessible location.  **Drug-Free Workplace** – The agency shall make a good faith effort to maintain a drug-free workplace. *(24CFR Part 21).*  **Anti-Lobbying** – No federal funds shall be used for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress. *(USC Title 31 Section 1352).*  **Community Development Block Grant Program** funds shall be used exclusively for eligible activities permitted by 24CFR Part 570.  **Office of Management and Budget (OMB) Circulars** – OMB Circular A-133, Audits of State, Local Governments, and Nonprofit Organizations; OMB Circular A-122, Cost Principles for Nonprofit Organizations; and OMB Circular A-21, Cost Principles for Educational Institutions.  **Procurement** - Contracts funded with federal grant or loan funds must be procured in a manner that conforms with all applicable Federal laws, policies, and standards, including those under the Uniform Guidance (2 C.F.R. Part 200).  **Conflicts of Interest**. In addition to the prohibition against self-benefiting from a public contract under G.S. 14-234, no officer, employee, or agent of the County of Cumberland may participate directly or indirectly in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. A real or apparent conflict exists when any of the following parties has a financial or other interest in or receives a tangible personal benefit from a firm considered for award of a contract:   1. the employee, officer, or agent involved in the selection, award, or administration of a contract; 2. any member of his or her immediate family; 3. his or her partner; or 4. an organization which employs or is about to employ any of these parties.   Any officer, employee, or agent with an actual, apparent, or potential conflict of interest as defined in this policy shall report the conflict to his or her immediate supervisor. Any such conflict shall be disclosed in writing to the federal award agency or pass-through entity in accordance with applicable Federal awarding agency policy.  **See Request for Proposal guidelines and CDBG Regulations for additional requirements.** |

**K. APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT**

|  |
| --- |
| The undersigned hereby makes application to Cumberland County (through the Community Development Department) through its Public Facilities / Improvements Program for CDBG funding in the amount of $      to undertake the activities described in this application. The financial assistance will be in the form of a grant.  It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County and the Community Development Department will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County and the Community Development Department and a matter of public record.  The applicant understands that Cumberland County and the Community Development Department makes no representations or warranties regarding the financial feasibility of the proposed project and that any and all financing of the project is solely based on representations made by the applicant. The applicant therefore agree to hold harmless and indemnify Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department in the event that the applicant or anyone acting on the applicant's behalf, at the applicant's request or by and through the applicant incurs any loss in conjunction with the project.  It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the Cumberland County and the Community Development Department may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision-making process.  By execution of the Application, the applicant understands and agrees that Cumberland County and the Community Development Department will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County and the Community Development Department.  I understand and agree that my application for financing, all attachments thereto, and all correspondence relating to my application are subject to a disclosure request and I expressly consent to such disclosure. I further understand that any and all correspondence to me from Cumberland County and the Community Development Department or other Cumberland County-generated documents relating to my application are subject to a request for disclosure and I expressly consent to such disclosure. I agree to hold harmless Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department against all losses, costs, damages, expenses, and liability of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation, and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to my application pursuant to a disclosure request. All Federal, State and local subsidies have been disclosed and revealed.  I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Authorized Official Date**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Name / Title**  *Applications submitted by cities or townships must be signed by the mayor, town board chair, or city/town manager and must be authorized by the city council or town board. Applications submitted by nonprofit organizations must be signed by an authorized representative and must be authorized by the governing board.* |