



CHEROKEE COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT [CDBG] PROGRAM  
PY 2025 PUBLIC FACILITY PROJECT APPLICATION

Step One – Overview

**Please reference the Application Handbook**

- Review Introduction to Federal Grant Programs [Part 1]
- Review Introduction to Cherokee County CDBG Programs [Part 2]
- Review Applicant/Project Eligibility [Part 3]

Step Two – Applications

- Applications must be received no later than 4:00 p.m., Friday, June 28, 2024. **Applications shall be mailed to or dropped off at the CDBG Program Office. Emailed or faxed applications will not be accepted. Applications received after the deadline will not be considered for funding.**
- Agencies or organizations must be authorized to submit applications by their respective governing boards, or from their agency directors, if so, authorized by the governing boards.
- Obtain application by contacting:  
Susan Filiberto, CDBG Manager  
Cherokee County CDBG Program  
Telephone: (770) 721-7807 Email: [scfiliberto@cherokeega.com](mailto:scfiliberto@cherokeega.com)
- Applications should be prepared on a word processor or typed and should be in a readable type size. ***This template is a fillable form in the shaded boxes when accessed as a MS Word document.***
- Applicants should submit an original application.
- Applications bindings should be restricted to a clip or staple to allow for easy copying.
- Submissions by facsimile (fax) machine or by e-mail will not be accepted.
- Sign application and return to Susan Filiberto at 1130 Bluffs Parkway, Canton, GA 30114.
- **An unsigned application will not be considered for funding.**

Step Three – Supplemental Application Documents

All applications must provide the following supplemental documents:

- Organization’s history, mission and/or strategic plan
- Current 501(c)(3) tax-exempt certification
- Incorporation approval from the GA Secretary of State & status of annual registration with the State
- Articles of Incorporation and By-Laws
- Current listing of Officers and Board of Directors
- Most recent Financial Audit/Statement
- Board Resolution authorizing application and match for CDBG funds
- Key staff resumes.
- E-verify Affidavit [SAVE Affidavits are completed for beneficiaries, once project is awarded funding]
- Certificate of Insurance
- Conflict of Interest Policy



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Section 1 – Applicant

Applicant Name [Agency or Organization]: \_\_\_\_\_  
Applicant Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
DUNS #: \_\_\_\_\_ EIN/TIN# \_\_\_\_\_ CAGE/UEI #: \_\_\_\_\_

Section 2 – Project

Project Name: \_\_\_\_\_  
Project Location (Name & Address): \_\_\_\_\_  
Total Project Cost: \$\_\_\_\_\_ CDBG Funds Requested: \$\_\_\_\_\_  
Other Funding [Match]: Source: \_\_\_\_\_ \$\_\_\_\_\_  
Source: \_\_\_\_\_ \$\_\_\_\_\_  
Source: \_\_\_\_\_ \$\_\_\_\_\_

Project Description:

*In narrative form, please address the following: 1) description of the project, including what the project will do, who it will serve, where it will be located, photos, and the **timeline for completion**; 2) description of the national objective the project addresses; 3) description of any unique or innovative elements of the project and, if the project duplicates other projects, what sets it apart; 4) description of any cooperative or collaborative efforts to implement the project; 5) description of what measurable results (outcomes) will be achieved by this project; and, finally, 6) a map with the activity boundaries.*

*(enter narrative in shaded box below)*



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Project Budget:

Utilize and amend the table below, as needed, and please provide a line-item project budget. Include a cost allocation schedule showing all proposed sources and uses of funds. **Please note that if you are a new applicant, you may be required to provide match funds. This will be based on a case-by-case basis and/or project. Match funds are at a minimum of 25% of the total project cost.** (The match funds cannot be other federal funds. If your project is selected, a Resolution from the applicant’s governing body certifying availability of match funds will be required.) Indicate the source of cost estimates for any line-item amount over \$5,000.

Budget

Amount of CDBG Funds Requested: \_\_\_\_\_  
 Applicant's Match Funds: \_\_\_\_\_  
 Other Funding: \_\_\_\_\_  
 Total Project Cost: \_\_\_\_\_

Project Activities	Requested CDBG Funds	Applicant's Match Funds	Other Funding				Total
			Other Federal	State or Local	Other / In-Kind	Program Income	
<b>A. Acquisition Costs</b>							
1. Land							
2. Existing Structures							
3. Other: Appraisals, Soil Tests, Surveys							
<b>B. Arch./Engineering Fee</b>							
1. Architect Fee							
2. Engineering Fee							
3. Other(Defined)							
<b>C. Construction</b>							
1. Building Fee							
2. Infrastructure/On-Site							
3. Landscaping							
4. Labor/Materials							
5. Other (Defined)							
<b>D. Rehabilitation</b>							
1. Building Fee							
2. Infrastructure/On-Site							
3. Landscaping							
4. Labor/Materials							
5. Other (Defined)							



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<b>E. Project Management</b>							
1. Project Management							
2. Project Operating Expense							
a.							
b.							
c.							
3. Supplies							
a.							
b.							
c.							
4. Audit							
5. Other (Defined)							
<b>F. Other Activities (specify)</b>							
1.							
2.							
3.							
<b>SUB TOTAL ( A - F only )</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>G. General Administration</b>							
1. Salaried Positions: ( job titles )							
a.							
b.							
c.							
2. Fringe Benefits: specify							
a.							
b.							
c.							
<b>SUB TOTAL ( G - only )</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>GRAND TOTAL ( A - G )</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1. What is the timeline for completion of project?
2. Provide a Budget Narrative on any line item over \$5,000.
3. Will this project incur ongoing operating costs? \_\_\_\_Yes \_\_\_\_No
4. Describe plans for funding this project in subsequent years.
5. Would you accept partial funding for this project? \_\_\_\_Yes \_\_\_\_No



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**Section 3 - Measures**

National Objective: \_\_\_\_\_

Total Number of Persons to Benefit: \_\_\_\_\_

Total Number of Low to Moderate Income Persons Who Will Benefit: \_\_\_\_\_

Explain How the Above Data Was Obtained: \_\_\_\_\_

**Cherokee County CDBG Maximum Household Income Limits\*  
Effective: FY 2024**

No. of Persons	Extremely Low (30% MFI)	Very Low (50% MFI)	Low Income (80% MFI)
1	22,600	37,650	60,200
2	25,800	43,000	68,800
3	29,050	48,400	77,400
4	32,250	53,750	86,000
5	36,580	58,050	92,900
6	41,960	62,350	99,800
7	47,340	66,650	106,650
8	52,720	70,950	113,550

Source: U.S. Department of Housing & Urban Development [HUD]  
\*Maximum household income limits are revised annually by HUD.

Racial/Ethnic Breakdown Projects by Number of Persons

White	
African-American	
American Indian	
Asian/Pacific Islander	
Hispanic (Ethnicity)	

If Applicable, the number of:

Senior Citizens Who Will Benefit	
Adults with Disabilities	
Abused Spouses	
Abused/Neglected Children	
Homeless Persons	
Female-Headed Households	



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**Section 4 – Performance Measurement Outcomes & Objectives**

Which of the following Performance Measurement Outcomes does your project best exemplify? If you feel that all three are relevant, list in the order of importance with “1” being the most relevant and “3” being the least relevant.

- \_\_\_\_\_ Improving Availability/Accessibility
- \_\_\_\_\_ Improving Affordability
- \_\_\_\_\_ Improving Sustainability

What Performance Measurement “Objective” does your project best exemplify?

- \_\_\_\_\_ Suitable Living Environment
- \_\_\_\_\_ Decent Housing
- \_\_\_\_\_ Creating Economic Opportunity

**Section 5 – Supplemental Application Documents**

Mark each document that you have attached.

- Organization’s history, mission and/or strategic plan
- Current 501(c)(3) tax-exempt certification
- Incorporation approval from the Georgia Secretary of State
- Articles of Incorporation and By-Laws
- Current listing of Officers and Board of Directors
- Most recent Financial Audit/Statement
- Board Resolution authorizing application and match for CDBG funds
- Key staff resumes
- E-verify Affidavit
- Provided CAGE/UEI Number on application form [SAM.gov]
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**Section 6 - Signatures**

I certify that to the best of my knowledge, data in this application is true and correct and the governing body of the applicant has duly authorized the application for submission.

Prepared By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Printed/Typed Name & Title \_\_\_\_\_

Approved By: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

Printed/Typed Name & Title \_\_\_\_\_

**AN UNSIGNED APPLICATION WILL NOT BE ACCEPTED FOR FUNDING**