CHEROKEE COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT [CDBG] PROGRAM
PY 2026 PUBLIC SERVICE APPLICATION

Step One – Overview

Please reference the Application Handbook

- Review Introduction to Federal Grant Programs [Part I]
- 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., Monday, June 30, 2025. **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.
- Applications can be found on the county website www.cherokeecountyga.gov/CDBG/ starting on April 23rd or by contacting the CDBG office:
  Susan Filiberto, CDBG Manager - Cherokee County CDBG Program
  Telephone: (770) 721-7807 Email: scfiliberto@cherokeecountyga.gov
- 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 the original application.
- Applications bindings should be restricted to a clip or staple to allow for each 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 for public service projects]
- 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, address the following: 1) description of the project, including what the project will do, who it will serve, where it will be located, ***whether it is a new service or an expansion of an existing service****, 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; and, 5) description of the measurable results (outcomes) achieved by this project.)*
(If the proposed project is for the purchase of equipment the narrative should include the type of equipment (recreation, transportation, health services or other equipment) and describe in detail the specifications, quantities, and unit prices.)
(enter narrative in shaded box below)

Please include a line-item budget detailing total project cost (see next page).

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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	
Example: Salaried Positions:							
(job titles and percentages)							
a.							
b.							
c.							
SUB TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GRAND TOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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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 2025

No. of Persons	Extremely Low (30% MFI)	Very Low (50% MFI)	Low Income (80% MFI)
1	24,000	40,000	63,950
2	27,400	45,700	73,100
3	30,850	51,000	82,250
4	34,250	57,100	91,350
5	37,650	61,700	98,700
6	43,150	66,250	106,000
7	48,650	70,850	113,300
8	54,150	75,400	120,600

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 persons who will benefit:

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

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 Checklist

Mark each document that you have attached *(double-clicking will allow marks in the boxes).*

- ☐ 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]
- ☐ Certificate of Insurance
- ☐ Conflict of Interest Policy

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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: _____ Date: _____
(Signature)

Printed/Typed Name & Title _____

Approved By: _____ Date: _____
(Signature)

Printed/Typed Name & Title _____

AN UNSIGNED APPLICATION WILL NOT BE ACCEPTED FOR FUNDING