

## 2023 CDBG APPLICATION CHECKLIST

INITIAL OR MARK N/A ON EACH ITEM BELOW TO VERIFY IT HAS BEEN COMPLETED  
(this can be initialed by the person completing application, does not need to be an authorized signature)

- \_\_\_\_\_ The Unique Entity ID Number is provided (Part 1, Question 1e)
- \_\_\_\_\_ Total request for nonprofit/faith-based agency does not exceed \$35,000
- \_\_\_\_\_ Total request for city or county department does not exceed \$100,000  
*(total request for city or county department may be \$200,000, but in 2024 they would be ineligible to apply)*
- \_\_\_\_\_ Fair Housing Actions completed (Part 1, Question 9)
- \_\_\_\_\_ Johnson County Strategic Priorities question completed (Part 1, Question 10)
- \_\_\_\_\_ The previous year's logic models are attached if applicable (2020, 2021)
- \_\_\_\_\_ Total project revenue is equal to total expenses (Part 4, Question 2)
- \_\_\_\_\_ For a City: documentation of public hearing, proof of publication with 14-day notice and any comments received are included
- \_\_\_\_\_ For a Nonprofit: 501(c)(3) IRS tax exemption is included
- \_\_\_\_\_ For a Nonprofit/Faith-Based Agency: documentation of formal board action endorsing the application is included
- \_\_\_\_\_ Attachment: Conflict of interest form attachment has been received, signed and understood (original and copies are included)
- \_\_\_\_\_ The authorized official signed the original application and any attachments
- \_\_\_\_\_ All eight parts of the application are completed, nothing is left blank
- \_\_\_\_\_ There are 6 colored maps showing activity location included (8½ x 11)  
*(if activity takes place at more than one location, 6 maps for each location are included)*
- \_\_\_\_\_ There are 6 copies and 1 original of the application (7 total)  
*(the original is printed one-sided)*
- \_\_\_\_\_ The 6 copies are three-hole punched, NOT THE ORIGINAL
- \_\_\_\_\_ The original and the copies are not stapled or bound, a clip is used
- \_\_\_\_\_ One electronic copy of application has been submitted to [cdbg@jocogov.org](mailto:cdbg@jocogov.org)

**It is your obligation to make certain that your application is complete!**

Person completing checklist: \_\_\_\_\_

Printed Name

Title

Signature: \_\_\_\_\_

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

