



**City of Plymouth
2025 Community Development Block Grant (CDBG)
Public Service Funding Application**

Submission Deadline: Friday, January 3rd, 2025

Submit to: Plymouth HRA, 3400 Plymouth Blvd., Plymouth, MN 55447-1482
Attn: Grace Scoonover, Housing Policy and Grant Coordinator
E-mail: gscoonover@plymouthmn.gov Phone: 763-509-5413 Fax: 763-509-5407

General Information

Organization/Agency: _____

Primary Contact: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Project Feasibility

Funding Requested: _____

If you were offered a lesser amount would you be able to offer this program to Plymouth residents?
_____ Yes _____ No

How would this affect your goals and outcomes?

What is the minimum that you feel is necessary to offer these programs?

How would an amount between the minimum requested amounts be beneficial?

Describe your program:

Is this an existing CDBG funded program? _____ Yes _____ No

What is the need in the City of Plymouth for your program?

Budget: Specify the total program budget by major component.

Component	BUDGET/SOURCE OF FUNDS		
	CDBG	Other (Identify)	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$		

	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
SUB TOTAL	\$	\$	\$
TOTAL	\$		

Program availability: ☐ City-Wide ☐ School District # _____
☐ Other section of City: _____

What are the anticipated results and/or accomplishments? (Number of persons/households to be assisted, number of housing units to be constructed/rehabilitated) This information will be used to evaluate annual performance.

What is the program's implementation timeline? (Identify major tasks to be performed between July 1, 2025 to June 30, 2026)

How does your proposal support Plymouth HRA's mission and vision? (See Application Guide)

What Consolidated Plan priority will this program meet? (See Application Guide)

Organizational Capacity

When was this program established?

How will incomes and assets of program participants be verified?

How will you document program benefits by income, race, and gender?

What program(s) have you provided to low- and moderate-income Plymouth residents in the past?

How many individuals or households have you served annually with this program(s) during the last two years?

How many were from Plymouth?

Please attach biographies and/or resumes of staff directly involved with this program.

Leverage of Other Funds

Will this funding assist in leveraging other public and/or private funding? ☐ **Yes** ☐ **No**
If yes, please list the amount and source of the other public and/or private leveraged funding. Also please indicate with an “X” whether these funds are committed or pending.

Amount	Source	Committed	Pending