



# COMMUNITY ENHANCEMENT PROGRAM Application Form

This Application is used to determine eligibility for a grant under the Community Enhancement Program (CEP) operated by Phoenix Community Development Investment Corporation (PCDIC). Please see the “Community Enhancement Program Overview” pamphlet to be read in conjunction with this Application, including conditions for eligibility. For further information, please contact Phoenix Community Development Investment Corporation (PCDIC), 200 W. Washington Street, 20th Floor, Phoenix, AZ or call 602.256.3112 or Kristine.Beaird@phoenix.gov.

## I. INTRODUCTION

PCDIC’s mission is to attract and provide funds for projects that will improve the quality of life of those individuals who live and work in underserved areas of Maricopa County.

PCDIC will consider providing a grant to an Applicant in the form of matching funds for qualified projects (Project). This application will be used to determine eligibility for a CEP grant, using the following and other criteria:

- The Project meets PCDIC’s mission and requirements of the CEP
  - The Project improves the quality of life of individuals served in low to moderate income (LMI) communities
  - The Project services must be rendered within Maricopa County
  - Recipients of services must reside inside a New Market Tax Credits (NMTC) eligible census tract
- Budgets and relevant financial parameters for the Project demonstrate it is viable
- The Applicant is financially sound and has demonstrated the ability to raise necessary matching funds for the PCDIC CEP grant
- PCDIC believes both the location and scope of the Project will fill an area of need within an area of Maricopa County where additional programs or services like the Project will be beneficial.

## II. APPLICANT INFORMATION

Applicant Organization: \_\_\_\_\_ Applicant Contact: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

501(c)(3) Public Charity:  Yes  No  
 Healthcare  Religious  Other \_\_\_\_\_

Type of Non-profit: Educational

## III. PROGRAM AREA REQUESTED (CHECK ONE) / REQUESTED AMOUNT

Check the Area Of Programming the Project Fulfills:

- Direct Services to Low Income Community Residents – Project Provides Needed Goods and Services
- Youth Program - Educational Opportunities For Youth In LMI Communities and Expand Workforce Development Initiatives For Youth And Displaced Workers

Amount Requested from PCDIC: \$ \_\_\_\_\_

#### IV. BUDGET

Attach a detailed budget for the Project, including a breakdown of cost per participant and note how many participants will be funded by PCDIC and how many will be funded by the matching funds you will raise. Also note what overhead will be funded by the Applicant, by the matching funds or by other sources. PCDIC grant funds may be used for up to a maximum of 5% for overhead.

Proposed Total Budget for the Project, including Match from Applicant raising new capital and existing overhead and infrastructure from the Applicant: \$\_\_\_\_\_

#### V. DESCRIPTION OF PROJECT

Project Name: \_\_\_\_\_

Location of Project Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

On a separate attachment, please provide:

(1) Describe and Attach:

- i. An overview of the Applicant and its mission and current operations;
- ii. Whether providing the services for this Project is within the Applicant's existing service capacity or whether you will be required to expand staff or capacity to carry-out the Project or otherwise provide the proposed services;
- iii. Applicant's past successes and experiences with programs like the Project and the Applicant's ability to successfully complete the Project, and
- iv. Attach the Applicant's IRS Determination Letter.

(2) How PCDIC grant proceeds will be used, specifically detailing:

- i. Scope of the Project;
- ii. Number of participants you plan to serve;
- iii. Facilities you will use to provide services;
- iv. Metrics that can be used to measure the Project's success during and after it ends;
- v. Specific individuals in the LMI Community who will participate in the Project (if possible, identify specific individuals; otherwise, identify as closely as possible the specific school or narrow geographic location for services); and
- vi. If you do not receive the entire amount requested, will you be able to conduct the Project? If so, what portions and what will be the scope?

(3) Project Schedule: Programming start and end date, as well as other material dates in the Project timeline

(4) Staff qualifications and positions working on the Project, including Program Administrator and Administration costs to be covered by the CEP grant funds and/or matching funds.

(5) Identify matching funds donor(s), amount of matching funds to be provided, restrictions on matching funds, and the timeline of when matching funds will be received by Applicant.

(6) Other relevant information you wish PCDIC to consider in its grant-making decision.

#### VI. COMMUNITY IMPACT

On a separate attachment, please provide the following information:

A. Description of Community Impact: Describe how the Project will impact the LMI Community in which it is operated?

B. Social and Economic Impacts: Describe how this Project contributes directly to the social and/or economic development of the residents of the LMI Communities in which the Project will be conducted.

**VII. SIGNATURE BLOCK**

I certify that I have read the foregoing, and all related attachment hereto, and that any grant proceeds awarded as a result of this application will not directly or indirectly benefit any officer or director of PCDIC or of the Applicant, nor fulfill any personal or organizational obligation, pledge, or commitment on behalf of the person or applicant organization submitting the request.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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