

**Aleutian Pribilof Island Community Development Association (APICDA)
2020 Community Development Grant Program (CDGP)
Instruction and Application Packet**

The APICDA Community Development Grant Program (CDGP) supports economic development in each of the six APICDA communities of Akutan, Atka, False Pass, Nelson Lagoon, Nikolski and St. George.

This Grant provides a resource to APICDA communities of direct financial support and assists with leveraging additional funding for their priority initiatives.

Each APICDA community has developed a Community Development Plan which identifies goals for the community. This program assists communities in accomplishing their community development goals.

In each APICDA community, the City, Tribe and/or Village Corporation may apply for the CDGP. Funding for the Grant is designated by APICDA's Board of Directors, based on available funds and the recommendation of the Budget and Audit Committee. An allocated amount per community will be authorized each year by the Board of Directors.

APICDA will consider applications from communities and the eligible entities until the total grant funds for each community are exhausted.

Projects must be listed on the Community Development Plan and meet one or more of the CDQ Program Requirements:

- Benefit all community residents
- Provide in-region employment
- Aid in the reduction of poverty
- Provide economic and social benefits for the community residents
- Aid in creating a sustainable and diversified local economy
- Benefit the fishing industry directly or indirectly

How to apply:

Submit the following by the published deadline, **October 1, 2020**:

1. Application with Budget and Timeline Forms
2. Written Grant Proposal Narrative
3. Documentation of previous grants or projects completed by applicant
4. Attachments: Supplemental information to support application

Additional Requirements:

Grant awardees will be required to submit quarterly reports with itemized accounting of the grant award. Quarterly reports are due no later than 10 business days past the end of the quarter. Upon completion of the project, awardees must submit the grant close-out form with a final itemized accounting of the grant.

APICDA Community Development Grant Program (CDGP)-2020 Application Form

Instructions: Complete the application form and provide all supplemental documents listed under the required documents checklist. Complete the application, answering all fields in the application form as thoroughly as possible. The application and supplemental material will assist APICDA in evaluating the grant request.

The APICDA Program Committee reviews all applications. As needed, APICDA staff will request additional information. After a full review, a funding recommendation is prepared for the Board of Directors for a final decision. All applicants will be notified in writing of the Board's decision.

1. Date of application: _____

2. Name and address of entity to which CDGP would be paid. Please list exact legal name:

Telephone: _____
Fax: _____
E-mail: _____
Cell: _____

3. Project title: _____

4. Purpose of grant (one sentence):

5. President/CEO/Administrator name: _____

6. List names, titles and contact information of the project manager(s) who will direct the project.

7. Grant request: \$ _____ Total project budget: \$ _____

8. Anticipated length of project: Start date: _____ End date: _____

9. Is this a multi-year project? Yes No

10. Is this project listed as a goal on your Community Development Plan? Yes No

If no, please explain here: _____

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11. What is the primary purpose and the need or problem that you are seeking to address with this project?

12. Does this project benefit all community residents? Yes No

Please explain here: _____

13. Does this project provide economic and social benefits for community residents? Yes No

Please explain here: _____

14. Does this project create new jobs in the community? Yes No

_____ # of Full-time Jobs List Job Titles: _____
_____ # of Part-time Jobs List Job Titles: _____
_____ # of Temporary Jobs List Job Titles: _____

If the answer is no, please explain here: _____

15. Does this project contribute to employment or other long-term income generating opportunities for community members? Yes No

Please explain here: _____

16. Does this project directly or indirectly support the fishing industry in the community and/or region?
Yes No

Please explain here: _____

17. Does this project require additional funding sources (i.e. state or federal grants, in-kind funds, etc.) Yes No

Please explain here: _____

APICDA Community Development Grant Program (CDGP)-2020 Application Form

Budget Form

Project Title: _____

*Submit budget form with your application

Expenses

Expense Items (e.g. labor, material, admin, etc.)	Line Item Total	Amount Requested from APICDA
*Totals	\$	\$

Income

Income Source (e.g. entity match, other grants, etc.)	Line Item Total	Amount Requested or Awarded
*Totals	\$	\$

Name and contact information for person who will be responsible for finances:

Name: _____	Title: _____
Office Phone: _____	Cell Phone: _____
Email: _____	

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Detailed Project Planning Form

*Submit timeline form with your application

TASKS	RESPONSIBLE PERSON	START DATE	END DATE	BUDGETED COST	STATUS
PHASE 1					
PHASE 2					
PHASE 3					
PHASE 4					
PHASE 5					

PROJECT TEAM-Complete with your application and submit changes with each quarterly report		
NAME & ROLE	QUALIFICATIONS	RESPONSIBILITIES

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Required Attachments:

1. Grant Proposal Narrative Guidelines

Provide the following Project Information:

1. Project rationale-Identify problem/current need
2. Project goals and outcomes
3. List all collaborations or partnerships
4. Statement address the project's sustainability and feasibility

Be sure to include information regarding items of significance resulting from this grant such as; new equipment, infrastructure repairs or replacement, savings to resident's cost of living, new business or improved business, feasibility studies, business plans, construction drawings, etc.

2. Budget Form

3. Detailed Project Planning Form

4. Documentation of Previous Grants or Projects Administered by Applicant.

5. Supplemental Information to Support Application.

By signing below, I certify all information is true and correct to the best of my knowledge and if approved, I agree to carry out this project as approved by the APICDA Board of Directors. I am authorized to sign and accept funding on behalf of this organization.

X _____
Signature of Executive Director/CEO/President

Date

X _____
Printed Name

Signature from other eligible community entities acknowledging this application is being submitted for 2020 APICDA CDGP grant funds.

Name of Governing Entity

Name of Governing Entity

Signature of Mayor/CEO/President

Signature of Mayor/CEO/President

Date: _____

Date: _____

*APICDA will not process applications until all signatures are acquired.