



COMMUNITY DEVELOPMENT GRANT PROGRAM

Supporting economic development in each of the APICDA communities

Application Period is Open January 1 – October 1, 2024

The APICDA Community Development Grant Program (CDGP) supports economic development in the six member communities of the APICDA CDQ Program. This grant provides a resource of direct financial support to address priority initiatives for economic development and assistance in leveraging additional funds to accomplish community development goals. Projects funded through the CDGP must be listed on the community's Community Development Plan (CDP) and align with the requirements of the CDQ program:

- 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

Eligibility and Funding: The local governing entities (City, Tribe and/or Village Corporation) in the six member communities of the APICDA CDQ Program may apply: **Akutan, Atka, False Pass, Nelson Lagoon, Nikolski and St. George**. Funding is allocated by APICDA's Board of Directors annually, based on available funds. All applications will be considered until the total grant funds for each community are exhausted. Late or incomplete applications are not accepted. Grant funds not allocated during grant year do not roll over to the next year. Be sure to apply for the grant funds each year before the deadline. Applications may be submitted at anytime during the application period and it is encouraged to submit applications early.

How to Apply:

Submit the following by 5:00 pm AKST no later than the published deadline:

- Application Form with Budget and Project Timeline Forms
- Written Grant Proposal Narrative
- Documentation of previous grants or projects completed by applicant
- Supplemental information to support application
- Verify this project is listed as a priority on the Community Development Plan (CDP)

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)-2024 Application Form

Instructions: Complete application form and provide all supplemental documents listed under the required documents checklist. Answer all fields on the application form as thoroughly as possible. The application and supplemental materials will assist APICDA in evaluating the grant request. Submit complete applications by email to programs@apicda.com.

All applications must include the signed acknowledgment from all community entities prior to APICDA's review. As needed, APICDA staff will request additional information. After a full review, a funding determination will be made, all applicants will be notified in writing of the status of the application. Applications may be submitted for funding any time during the open grant period.

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/Mayor/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, explain here: _____

Questions? Email: programs@apicda.com

Toll-Free: 1-888-927-4234

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11. What is the primary purpose and need or problem that this project will address?

12. Describe the benefits this project will provide to community residents:

13. Describe how this project provides economic and social benefits for community residents:

14. List the new jobs created in the community by this project:

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

If the project does not create new jobs, explain here:

15. Describe how this project enhances current jobs in the community (or type none if no job enhancement):

16. Describe how this project contributes to other long-term income generating opportunities for community members, or type none if no long-term income opportunities:

17. Describe how this project directly or indirectly supports the fishing industry in the community and/or region:

18. List additional funding sources required for this project (i.e. state or federal grants, in-kind funds, etc.) or will this project be funded solely with CDGP grant funds:

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Detailed Project Planning Form

*Submit timeline form with your application

Project Title: _____ Reporting Quarter _____ Year _____

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 addressing 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 President/Mayor/Executive Director Date _____

X _____
Printed Name

Signature from eligible community entities acknowledging this application is being submitted for APICDA CDGP grant funds. *APICDA will not process applications until all signatures are acquired.

Name of Governing Entity

Name of Governing Entity

Signature of President/Mayor/Executive Director

Signature of President/Mayor/Executive Director

Printed Name

Printed Name

Date: _____

Date: _____