



ST. TAMMANY PARISH GOVERNMENT
 Department of Health & Human Services
Community Development Block Grant
STATEMENT OF INTENT
2017-2018



1. Organization Information

Proposed Project Title _____

Name of Organization _____

Executive Director _____

Physical Address _____

Mailing Address _____

Phone Number _____ Fax Number _____

Website address _____

E-mail Address _____

Requested CDBG Funds _____

2. Eligibility Activities to receive CDBG funds.

Proposed projects should align with the goals of the St. Tammany Parish’s CDBG Comprehensive Plan. Projects must be able to capture the demographic data of the program’s beneficiaries. Please see the attached IDIS MATRIX – CDBG Eligibility Activity Codes and National Objectives.

Check one or more your program areas:

- Affordable Housing _____ Homelessness Prevention _____
- Anti-poverty _____ Education _____
- Public Transportation _____

3. Brief Description of the Project: Please limit your response to one page or less.



ST. TAMMANY PARISH
 PATRICIA P. BRISTER
 PARISH PRESIDENT

CDBG Logic Model

INSTRUCTIONS: Using the table below, outline the actions and goals your program intends to achieve. Use rows and space as needed, but each column should include details. If you have questions, please contact the Department of Health and Human Services at (985) 898-3074 or jelandry@stpgov.org, or you can download the Corporation for [National and Community Service Logic Model Powerpoint](#) or the [W.K. Kellogg Foundation Logic Model Guide](#) for references.

ORGANIZATION: (Name)

PROGRAM: (Name)

INPUTS/ RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
<i>What is needed to accomplish the activities of the program (# of staff and hours, # of materials, etc)</i>	<i>What actions will be taken to achieve goals</i>	<i>What the activities will create or cause to happen – in quantities (# of participants completing activities, # of classes, # of services provided, etc)</i>	<i>What is the immediate expected change that the activities and outputs will create (qualitative goals)</i>	<i>What is the community or system change that will happen in the long term from this program</i>

PLEASE NOTE: A Logic Model is not required for submission of a Statement of Intent, and if submitted with the Statement of Intent it will not guarantee a request for application. However, a Logic Model will be required if an organization is invited to submit a full application for funds. It is included here for reference and as a resource for program design.



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COMMUNITY DEVELOPMENT BLOCK GRANT
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STATEMENT OF INTENT CERTIFICATION

Signature of Organization Representative with **binding authority**
below certifies the following statements:

- Organization has no conflict of interests with Parish appointed or elected representatives and does not employ Parish appointed or elected representatives or their families.
- Organization will comply with federal requirements to be observed by organizations being funded with CDBG funds, including compliance with Federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, Non-Discrimination, FFATA, Section 109, Title VI and EO 11246. All requirements are described in 24 CFR 570 (CDBG Entitlement Grants).
- Authorized official certifies that this CDBG Statement of Intent has been reviewed and all information provided in this application and attachments are true and correct.

Signature of authorized organization representative

Date

Printed Name

Title

Organization