



## **CDBG APPLICATION, OVERVIEW & INSTRUCTIONS**

### **CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2027**

#### **OVERVIEW**

The City of Dover is an entitlement community that receives Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD). CDBG funds may be used to carry out a wide range of community development activities directed toward revitalizing neighborhoods, economic development, and providing improved community facilities and services for lower-income residents.

#### Eligible Activities:

1. The proposed activity or project meets one of the following HUD National Objectives:
  - a) benefit low and moderate income persons;
  - b) activities that aid in the prevention of slums or blight; or
  - c) other community development needs to address a federally declared emergency.
2. The proposed activity or project qualifies as an “eligible activity” pursuant to HUD regulations.
3. The project or activity directly addresses one or more of the Goals and Objectives within the FY26-FY30 Consolidated Plan.
4. Through the application, the applicant and the proposed project or activity, demonstrates capacity to comply with all HUD-CDBG and Dover related requirements.
5. Public facilities projects, as demonstrated through the application process, have a high likelihood of beginning within the year and being completed within two years.
6. A minimum of 51% of the clientele for the proposed project or activity will qualify as “presumed benefit” or very low, low or moderate income.

Presumed Benefit Clientele: Abused/neglected children, homeless persons, persons with AIDS, elderly persons, severely disabled adults, migrant farm workers, battered spouses/domestic violence survivors, illiterate adults

Eligible Expenses: The cost of labor, supplies, and/or materials required to undertake the activity.

Tracking of Expenses: Grant recipients must be able to specifically identify and document how the CDBG funds were expended on an eligible activity.

## DOVER FY26-30 CONSOLIDATED PLAN GOALS

|                   |                                                                                                                                          |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Goal #1:          | Access to Services                                                                                                                       |
| Goal Description: | To provide assistance for residents of Dover who require shelter, transportation, housing, care, recreation and related human services.  |
| Goal #2:          | Barrier Removal and Transportation                                                                                                       |
| Goal Description: | To remove barriers to access and provide transportation related services and improvements.                                               |
| Goal #3:          | Affordable Housing                                                                                                                       |
| Goal Description: | To provide assistance to programs and projects that address the housing needs of Dover residents.                                        |
| Goal #4:          | Public Improvements                                                                                                                      |
| Goal Description: | To assist with the development of facilities and infrastructure that support vulnerable populations of the community.                    |
| Goal #5:          | Economic Development                                                                                                                     |
| Goal Description: | To provide assistance to businesses and the business community that supports opportunities for business development and economic growth. |

## CONSTRUCTION / PUBLIC FACILITIES PROJECT REQUIREMENTS

The City of Dover CDBG grant program is federally funded through the U.S. Department of Housing and Urban Development (HUD). As such, a number of federal laws and regulations apply to CDBG funds and CDBG grant applicants and recipients. For construction and facilities projects—projects that involve some element of physical work, as opposed to funding for salaries, equipment, etc.—the Davis-Bacon Act and environmental review regulations apply. Section 3 and Buy America Build America requirements may also apply.

### Davis-Bacon Act Requirements:

The Davis-Bacon Act requires the payment of a federal wage rate to laborers. The wage rate is subdivided into specific job classifications. Current wage rate determinations can be obtained from <https://sam.gov/wage-determinations>. Language pertaining to Davis-Bacon requirements must be included in all subcontracts related to the project. Also, the wage rate determination and U.S. Department of Labor “Know Your Rights” poster must be posted at the project site, and weekly payroll sheets must be submitted to the City for review and approval. The Community Development Planner will visit the project site to conduct site interviews with the laborers during the actual performance of the project.

### Environmental Review Requirements:

The National Environmental Policy Act applies to all HUD-funded projects. An environmental review, which is conducted by the Community Development Coordinator, must be completed before any work on the project can begin. This includes what HUD describes as “choice-limiting activities,” per 24 CFR 58.22, which can include:

- Property acquisition (buying and leasing)
- Entering into contracts for project-related work
- Demolition
- Rehabilitation
- Construction
- Site improvements

### Section 3 Requirements:

Section 3 of the Housing and Urban Development Act ("Section 3) may apply to your project or activity. Regulations regarding these requirements can be found at 24 CFR Part 75.

### Build America, Buy America Act:

The Buy America, Build America Act (BABA) may apply to your project or activity. See 2 CFR Part 184 and Part 200 for more information about BABA.

## **MONITORING AND ASSESSMENT**

HUD requires recipients of federal funding to assess the outcomes and productivity of programs and activities. The information requested in the application will help the City assess and report your accomplishments. The City of Dover will also perform onsite monitoring during the year.

## **DEFINITIONS / DESCRIPTIONS**

The following definitions/descriptions are for the questions found in the Application. Please call the Planning and Community Development Department at 603-516-6008 if you have any questions.

Beneficiaries: The number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity.

Public Services: An activity or program that provides a service to eligible households or individuals. CDBG funds may be used to pay for labor, supplies, and material as well as to operate and/or maintain the portion of a facility in which the public service is located.

Public Facilities: A project involving the acquisition, construction, reconstruction, rehabilitation, or installation of facilities or infrastructure for activities and programs that provides a service to eligible households or individuals

Performance Outcome Measures: Please provide the *Outcome* proposed and the method of *Measurement* proposed to measure the Outcome. You may list multiple Outcomes/Measures. Please be realistic and specific when proposing Outcomes and method of Measurement.

Description of Organization: Please provide a description for the Organization. This does not need to be extensive.

Funding Sources: Provide a listing of all funding sources to be used for the activity or project. Provide the financial amount proposed for each source. Also indicate how much of the funding is secured, and how much is proposed, at the time of this application. The category of "Other" can be used for activities such as Capital Campaigns or other fund raising efforts

Organizational Commitment: For Public Facility projects (construction/physical improvement projects) only. Indicate how much of the project cost the organization will be providing toward the project.

### CDBG APPLICATION SCHEDULE

The Annual Action Plan is created through a public process. The first phase of this process is receipt of applications for funding for FY2027. Complete applications are due by the date and time provided in Table 1, below.

**TABLE 1: APPLICATION SCHEDULE**

| Date & Time                          | Subject                | Purpose                                                                                                                                                                                                     | Location                                                                                                                          |
|--------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| October 8, 2025                      | Applications Available | Solicit requests for funding                                                                                                                                                                                | Community Development Department, Media and Online                                                                                |
| October 8, 2025, – November 21, 2025 | Technical Assistance   | Assistance in completing the CDBG application: Call or email the Community Development Department, Dave Carpenter, at 603-516-6008 / <a href="mailto:d.carpenter@dover.nh.gov">d.carpenter@dover.nh.gov</a> | –                                                                                                                                 |
| November 21, 2025 @ 4:00 p.m.        | Application Deadline   | Deadline to submit a COMPLETED application and required documents.<br><br>The City of Dover is not required to consider applications received after the application deadline.                               | Email to Dave Carpenter, Community Development Planner, at <a href="mailto:d.carpenter@dover.nh.gov">d.carpenter@dover.nh.gov</a> |

**Note:** Due to email size restrictions, you may be required to send more than one email in order to submit all of the required information.

### PLANNING BOARD AND CITY COUNCIL REVIEW

This is a competitive grant program with no guarantee of funding. As indicated above, the Annual Action Plan is created through a public process. The Planning Board will review applications, conduct a public hearing and make a recommendation to the City Council. The City Council will then hold a public hearing to review and approve an Annual Action Plan. After the required public notices and comment periods, the locally approved Annual Action Plan will then be provided to Housing and Urban Development (HUD) for final review and approval.

The Planning Board and City Council meetings are open to the public and televised.

Proposed Planning Board and City Council meeting dates for review of the proposed Annual Action Plan will be announced on or after January 2<sup>nd</sup>, 2026.

## APPLICATION SUBMISSION INSTRUCTIONS

### Submission Requirements & Application Deadline

- Applications will be accepted by email only.
- Please email your complete and signed application to Dave Carpenter, Community Development Planner, at [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov). Note: Due to email size limitations, you may need to send more than one email in order to submit all of the required information.
- Applications are due by 4:00 p.m. on November 21, 2025.
- All required documents must be received at the email address listed above no later than 4:00 p.m. on November 21, 2025. The City of Dover reserves the right to reject any requests that are found incomplete or not received by the required deadline.

**If you have questions or would like guidance in developing the application, please contact the Dave Carpenter at the email address listed above or at 603-516-6008. We will be happy to assist you.**

### Application Materials and Information

- **CDBG APPLICATION:** Application begins on Page 6 of this document.
- **Quotes / Estimates:** Quotes are required for proposed purchase of items exceeding \$3,000.00. Three estimates are required for all Public Facility projects (i.e. building expansion, new roof, replacement of windows, etc.). Please contact us if you encounter difficulty in obtaining quotes or estimates.
- Most recent financial audit with management letter and, if applicable, corrective action plan must be included with the application. Please do not omit the management letter; your application is not complete without this key element of your annual audit.

*If new applicant and filing as a 501(c)(3) organization - IRS determination of 501(c)(3) status.*

- Do not submit items such as letters of support, resumes, brochures, newspaper articles, or other related materials.

**Note: Due to email size limitations, you may need to send more than one email in order to submit all of the required information.**

### Applicants must be registered with SAM.gov.

Applicants must be registered with SAM.gov and provide their Unique Entity Identifier (UEI) in the application. The UEI is a 12-character unique number assigned to all entities registered with the federal government in SAM.gov. The "SAM UEI" replaced the use of the nine-character Data Universal Numbering System (DUNS) Number in April of 2022. Visit <https://sam.gov/entity-registration> for more information.

## APPLICATION: DOVER CDBG FY27

| APPLICANT INFORMATION                                                                                                                          |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Organization                                                                                                                                   |                     |
| Name of Program or Project                                                                                                                     |                     |
| Name of Executive Director                                                                                                                     | E-Mail              |
| Mailing Address                                                                                                                                |                     |
| Physical Address                                                                                                                               |                     |
| Contact Person                                                                                                                                 | Phone               |
| E-Mail                                                                                                                                         | Website             |
| <b>Please Identify the Type of Organization Applying for Funds</b> <i>(Note: More than one may apply)</i>                                      |                     |
| <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government |                     |
| <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education                                     |                     |
| <input type="checkbox"/> Other (Explain):                                                                                                      |                     |
| Tax ID #                                                                                                                                       |                     |
| SAM UEI #                                                                                                                                      | SAM Expiration Date |

### ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amount of Dover CDBG funds requested for activity/project: \$                                                                                                                                                                                                  |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences ( <i>i.e. After School Care for K-4<sup>th</sup> grade students. Repair of homeless shelter roof.</i> ) |

| PROJECT LOCATION                                                                   |
|------------------------------------------------------------------------------------|
| Location(s) where services will be provided or physical improvements will be made. |

| BENEFICIARIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Beneficiary type:</b> (e.g. Homeless Individuals, Low-Income Households, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Beneficiaries:</b><br><p>For <b>FY 2027 (7/1/2026 – 6/30/2027)</b> please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):</p> <p>For <b>FY 2025 (7/1/2024 – 6/30/2025)</b> please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:</p> <p>Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):</p> <p style="padding-left: 40px;">If so, how much?</p> |

| CLIENT POPULATION                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?:      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?:      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> |

| NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY OR PROJECT <u>ONLY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please provide the following information for the proposed <u>project</u> (<i>not the organization</i>):</p> <p>Describe the nature of the project:</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :</p> <p>Proposed project starting date:</p> <p>Proposed project completion date:</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing &amp; grading, foundation, building construction, etc.):</p> <p><b>Note:</b> Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.</p> |

| PERFORMANCE OUTCOME MEASURES                                                                                                                               |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.                                                  |                                                                                                                                                                  |
| Outcome                                                                                                                                                    | Measurement                                                                                                                                                      |
| Example 1: Decrease in number of "latch-key kids"<br>Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program<br>Example 2: Increase in number of low/mod income residents that seek care from health program. |
|                                                                                                                                                            |                                                                                                                                                                  |
|                                                                                                                                                            |                                                                                                                                                                  |
|                                                                                                                                                            |                                                                                                                                                                  |

| DESCRIPTION OF <u>ORGANIZATION</u>                                                                             |
|----------------------------------------------------------------------------------------------------------------|
| Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project. |

| AUDIT AND EVALUATION                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Does your organization have an annual CPA audit or other financial statement?<br>If yes, please submit most recent audit or financial statements as an attachment to this application.<br>Is your organization evaluated by outside agencies or programs?<br>If yes, please note the agency/program and how often the evaluation occurs. |

| BOARD OF DIRECTORS |                       |
|--------------------|-----------------------|
| Name               | Residence (city/town) |
|                    |                       |
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**BUDGET: ACTIVITY or PROJECT**

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <b>Public Services</b>          |                                   |                       |                              |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
|                                    | <b>A</b>                          | <b>B</b>              | <b>A + B</b>                 |
|                                    | <b>Dover CDBG Funds Requested</b> | <b>Other Funding*</b> | <b>Total Proposed Budget</b> |
| Office Supplies                    |                                   |                       |                              |
| Utilities                          |                                   |                       |                              |
| Repairs/Maintenance                |                                   |                       |                              |
| Travel                             |                                   |                       |                              |
| Salaries (List relevant positions) |                                   |                       |                              |
|                                    |                                   |                       |                              |
|                                    |                                   |                       |                              |
|                                    |                                   |                       |                              |
| Other:                             |                                   |                       |                              |
|                                    |                                   |                       |                              |
|                                    |                                   |                       |                              |
|                                    |                                   |                       |                              |
| TOTAL PROPOSED BUDGET:             |                                   |                       |                              |

| 2. <b>Public Facilities</b>                                                                                                                                          |                                   |                       |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|------------------------------|
|                                                                                                                                                                      | <b>A</b>                          | <b>B</b>              | <b>A + B</b>                 |
|                                                                                                                                                                      | <b>Dover CDBG Funds Requested</b> | <b>Other Funding*</b> | <b>Total Proposed Budget</b> |
| <b>Hard Costs</b> Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. |                                   |                       |                              |
| Construction                                                                                                                                                         |                                   |                       |                              |
| Other (list)                                                                                                                                                         |                                   |                       |                              |
|                                                                                                                                                                      |                                   |                       |                              |
|                                                                                                                                                                      |                                   |                       |                              |
| Total Hard Costs                                                                                                                                                     |                                   |                       |                              |
| <b>Soft Costs</b>                                                                                                                                                    |                                   |                       |                              |
| Acquisition                                                                                                                                                          |                                   |                       |                              |
| Appraisals                                                                                                                                                           |                                   |                       |                              |
| Design/Engineering                                                                                                                                                   |                                   |                       |                              |
| Other(list):                                                                                                                                                         |                                   |                       |                              |
|                                                                                                                                                                      |                                   |                       |                              |
|                                                                                                                                                                      |                                   |                       |                              |
| Total Soft Costs                                                                                                                                                     |                                   |                       |                              |
| TOTAL PROPOSED BUDGET:                                                                                                                                               |                                   |                       |                              |

\* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

## ACTIVITY OR PROJECT FUNDING SOURCES

**Other Funding Sources** - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source<br>(Name(s) of funding source(s)) | Committed, Pending or<br>Proposed Amount (\$): |  | Total Amount (\$) | Explanation |
|--------------------------------------------------|------------------------------------------------|--|-------------------|-------------|
| Federal:                                         | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| State:                                           | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Local:                                           | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Private:                                         | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Portsmouth CDBG:                                 | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Rochester CDBG:                                  | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Other:                                           | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |
| Total:                                           | Committed:                                     |  |                   |             |
|                                                  | Pending:                                       |  |                   |             |
|                                                  | Proposed:                                      |  |                   |             |

**Organizational Commitment:** For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

| Funding Source<br>(Name of Parent Organization) | Committed, Pending or Proposed<br>Amount (\$) |  | Explanation |
|-------------------------------------------------|-----------------------------------------------|--|-------------|
|                                                 | Committed:                                    |  |             |
|                                                 | Pending:                                      |  |             |
|                                                 | Proposed:                                     |  |             |
| Total:                                          |                                               |  |             |

## **BUDGET: ORGANIZATION**

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from                      to                 | Current Year | Next Year (projected) |
|-------------------------------------------------------------|--------------|-----------------------|
| <b>REVENUES</b>                                             |              |                       |
| Federal Funds                                               |              |                       |
| State Funds                                                 |              |                       |
| Foundations/Private Contributions                           |              |                       |
| United Way                                                  |              |                       |
| Fundraising or other income                                 |              |                       |
| Other (describe)                                            |              |                       |
| Community Dev. Block Grant<br>(include anticipated request) |              |                       |
| <b>TOTAL REVENUE</b>                                        |              |                       |
| <b>EXPENSES</b>                                             |              |                       |
| Salaries                                                    |              |                       |
| Fringe Benefits                                             |              |                       |
| Supplies (include printing/copying)                         |              |                       |
| Travel                                                      |              |                       |
| Training                                                    |              |                       |
| Communications                                              |              |                       |
| Audit                                                       |              |                       |
| Property Maintenance                                        |              |                       |
| Service Contracts                                           |              |                       |
| Construction Supplies/Materials                             |              |                       |
| Other (describe)                                            |              |                       |
| <b>TOTAL EXPENSES</b>                                       |              |                       |
| <b>NET (Income - Expenses)</b>                              |              |                       |

**ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**

|                                                     | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|-----------------------------------------------------|---------------------------------------------------------------|---------------------|------------------------------------------|--------------------------------|----------------------------|
|                                                     |                                                               |                     |                                          |                                |                            |
| U.S. Dept. of                                       | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
| Direct Program                                      | [Program Name]                                                |                     |                                          |                                |                            |
| Passed Through                                      | [Entity Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total U.S. Dept. of                                 | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| U.S. Dept. of                                       | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
| Direct Program                                      | [Program Name]                                                |                     |                                          |                                |                            |
| Passed Through                                      | [Entity Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total U.S. Dept. of                                 | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| U.S. Dept. of                                       | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
| Direct Program                                      | [Program Name]                                                |                     |                                          |                                |                            |
| Passed Through                                      | [Entity Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total U.S. Dept. of                                 | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| <b>Total Expenditure of Federal Awards</b>          |                                                               |                     |                                          | <b>\$</b>                      | <b>\$</b>                  |
|                                                     |                                                               |                     |                                          |                                |                            |
| NH Dept. of                                         | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total NH Dept. of                                   | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| NH Dept. of                                         | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total NH Dept. of                                   | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| NH Dept. of                                         | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total NH Dept. of                                   | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| Local Assistance:                                   | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     | [Program Name]                                                |                     |                                          |                                |                            |
| Total Local Assistance:                             | [Agency Name]                                                 |                     |                                          | \$                             | \$                         |
|                                                     |                                                               |                     |                                          |                                |                            |
| <b>Total State and Local Awards</b>                 |                                                               |                     |                                          | <b>\$</b>                      | <b>\$</b>                  |
|                                                     |                                                               |                     |                                          |                                |                            |
| <b>TOTAL FEDERAL, STATE, &amp; LOCAL ASSISTANCE</b> |                                                               |                     |                                          | <b>\$</b>                      | <b>\$</b>                  |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE