

**Application**  
**PFLUGERVILLE COMMUNITY DEVELOPMENT CORPORATION'S**  
**COMMUNITY DEVELOPMENT CHALLENGE GRANT**

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Date of application:  
*(application must be received by October 31<sup>st</sup>)*

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**Organizational Information**

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Organizational name: \_\_\_\_\_

Organizational office address: *(must be located within Pflugerville's city limits or ETJ)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizational leaders: *(list directors, officers, and contact information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization:

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**Project Information**

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What is the proposed Project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will participate in the proposed Project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the time line for the proposed Project? *(see Matching and Reporting Requirements in the Challenge Grant Policy)*  
\_\_\_\_\_  
\_\_\_\_\_

Where is the proposed Project located? *(project must be located within Pflugerville's city limits or ETJ)*  
\_\_\_\_\_  
\_\_\_\_\_

How will the proposed Project benefit the community of Pflugerville?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization:

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**Funding Information**

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What is the estimated cost of the proposed Project?

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Will itemized records of expenses be kept during prosecution of the proposed Project?

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Is your organization willing to submit the proposed Project's expense records for audit?

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What funds for the proposed Project already exist? *(list sources and amounts)*

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What written pledges for the proposed Project funding exist?  
*(only list sources and amounts of cash pledges)*

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How much is requested from PCDC? *(see Award Limits in the Challenge Grant Policy)*

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Would a grant in amount less than the amount requested be acceptable?

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Organization:

**Required Attachments:**

1. Articles of Incorporation of the organization
2. Bylaws of the organization
3. Resolution of the governing body of the organization authorizing this application and the project.
4. An itemized budget for the project.

\*Items 1-3 are not applicable to the City of Pflugerville

\*\*Please attach additional pages if needed to fully complete this Application.

The undersigned certifies that (i) this Application and the proposed Project has been authorized by the Applicant, and (ii) to the best of his/her knowledge, the information in this Application is true and correct in all material respects.

ORGANIZATION:

\_\_\_\_\_

By: \_\_\_\_\_

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

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