A. Agency Information

No data saved

Case Id: 30796
Name: 2026 Test - 2026
Address: *No Address Assigned

A. Agency Information

Please provide the following information.

MAG Department of Community and Economic Development SSBG APPLICATION FOR FUNDING 2026-2027

MAG
586 E 800 N
Orem, UT 84097
cdbg@mountainland.org

AGENCY INFORMATION

A.1. Service Provider Name

A.2. Name of Official Authorized to Contractually Bind Organization

A.3. Signature

***Not signed*

A.4. Name of Application Contact Person (if we have questions about your application)

A.5. Telephone Number

A.6. Applicant Email Address:

A.7. Name of Program Manager (the person who will answer questions, complete draws, etc. throughout the year)

A.8. Telephone Number:

A.9. Program Manager Email Address:

A.10. Mailing Address

A.11. Indicate type of organization:

A.12. What is the mission of your organization and/or what service(s) does your organization provide?

A.13. Describe the target population served:

Recent policy changes to MAG's SSBG program adopted that prior grantees must have spent at least 50% of their current award by the application deadline or give an explanation as to why they haven't spent the funds in order to be eligible to apply.

A.14. Are you receiving SSBG funding this current program year?

B. Service Explanation

No data saved

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B. Service Explanation

Please provide the following information.

Select which of the following national goals of the SSBG (found in Section 2001, 42 USC 1397, Title XX of the Social Security Act) are addressed by your proposal:

☐ **Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency**

☐ **Achieving or maintaining self-sufficiency, including reduction or prevention of dependency**

☐ **Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families**

☐ **Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care**

☐ **Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions**

Check the SSBG category your proposed service falls under:
See http://www.acf.hhs.gov/programs/ocs/resource/uniform-definition-of-services for definitions and to see if your program qualifies under these definitions.

☐ **1. Adoption Services**

☐ **2. Case Management Services**

☐ **3. Congregate Meals**

☐ **4. Counseling Services**

☐ **5. Day Care Services – Adults**

☐ **6. Day Care Services – Children**

☐ **7. Education and Training Services**

☐ **8. Employment Services**

☐ **9. Family Planning Services**

☐ **10. Foster Care Services for Adults**

☐ **11. Foster Care Services for Children**

☐ **12. Health Related and Home Health Services**

☐ **13. Home Based Services**

☐ **14. Home Delivered Meals**

☐ **15. Housing Services**

☐ **16. Independent/Transitional Living Services**

☐ **17. Information/Referral**

☐ **18. Legal Services**

☐ **19. Pregnancy and Parenting Services for Young Parents**

☐ **20. Prevention and Intervention Services**

☐ **21. Protective Services-Adults**

☐ **22. Protective Services-Children**

☐ **23. Recreational Services**

☐ **24. Residential Treatment Services**

☐ **25. Special Services for Persons with Developmental or Physical Disabilities**

☐ **26. Special Services for Youth Involved in or at Risk of Involvement with Criminal Activity**

☐ **27. Substance Abuse Services**

☐ **28. Transportation**

☐ **29. Other Services**

SERVICE AREA

Services are offered and available in the following counties:

☐ **Utah County**

☐ **Summit County**

☐ **Wasatch County**

Estimated Percentage Where Clients Served Reside:

Note: any clients living outside of these three counties will not be eligible for SSBG funds through MAG.

Utah County

0.00%

Summit County

0.00%

Wasatch County
0.00%

C. Service Description

No data saved

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C. Service Description

Please provide the following information.

C.1. Describe the need and the estimated number of individuals in the service area needing this service:

C.2. Describe the impact of the service to individuals receiving services:

C.3. Describe the impact to individuals not receiving services:

C.4. Describe your specific objectives, how they will be accomplished, and how you will evaluate your success in meeting the service goals and objectives:

C.5. How will individuals and families learn about the services you are proposing to offer?

C.6. How will you determine eligibility of individuals to receive SSBG services?

C.7. List any other service providers that provide the same service in the area of your proposal:

C.8. If SSBG funds cannot fund your request, or the request in its entirety, will these individuals be able to obtain services to meet their needs in any other way?

D. Organization Information

No data saved

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D. Organization Information

Please provide the following information.

D.1. What is the size of your organization? (Please only count those employees specifically assigned to the same program area in which you are requesting SSBG funding.)

D.2. Grant Request:
Please list your SSBG grant request amount and your matching fund sources, types, and amounts. Example of fund type: federal, state, and local government, organization income, private grant, private donations, etc. Please note your matching amount must be at least 25% of your grant request.

Source	Type	Amount
		$0.00

D.3. Anticipated Clients Served with SSBG funds

Age Group	Anticipated # of Clients Served

D.4. Anticipated Clients Served Residence Area

County	Anticipated # of Clients Served

D.5. Funding History:
Please list your funding history and type for this project/service. Example of fund type: federal, state, local government, organization income, private grant, private donations, etc

Source	Type	2024-2025 Amount	2025-2026 Amount
		$0.00	$0.00

D.6. History of Clients Served:
Enter the number of individuals served by SSBG funding in the past two years.

Age Group	Clients Served 2024-2025	Clients Served 2025-2026
	0	0

SSBG FEDERAL REPORTING REQUIREMENTS
D.7. Are you required to have a single audit due to your funding amounts?

D.8. Budget Proposal for SSBG Funds Only. Please note: this should only include the program budget under which SSBG funds will fall, not an overall organizational budget
See the Definition of Budget Categories below:

- **Personnel: salary and fringe benefits**

- **Operating Costs: all expenses such as rent, telephone, utilities, travel, etc.**
- **Indirect Costs: administrative costs, executive direction, accounting, and other costs common to all funding source revenues**
- **Capital Expense: purchase of land, building, vehicles, and other inventory items**

Line Item	2026-2027 (this SSBG request)
	$0.00

D.9. Budget Narrative:
Please provide a brief explanation of all line items for which SSBG funds are to be expended in 2026-2027.

D.10. What is your total SSBG request?
$0.00

D.11. Based on the estimated clients you will serve with SSBG funds and your total SSBG request, what is your estimated cost per client? (Your SSBG funding request divided by the number of estimated clients to be served.)
$0.00

D.12. What is the percentage of this SSBG request to your organization's overall operating budget? (SSBG request divided by the total Organization Budget.)
0.00%

E. Required Documents

No data saved

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E. Required Documents

Please upload the following documents.

Organization Type:

Documentation

☐ **Licensure by State of Utah or Current Business License *Required**
***No files uploaded*

☐ **Proof of General Liability Coverage *Required**
***No files uploaded*

☐ **Proof of current 501(c)(3) – If applicable**
***No files uploaded*

☐ **W-9 *Required**
***No files uploaded*

☐ **EIN Required Document *Required**
***No files uploaded*

Submit

No data saved

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Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator.

The applicant acknowledges and understands that the Grantor is relying on the information provided herein in deciding to award a grant. The applicant represents, warrants, and certifies that the information provided herein is true, correct, and complete. The applicant agrees to notify the Grantor immediately and in writing of any material adverse change (1) in any of the information contained in the application, (2) in the financial condition of any of the undersigned, or (3) in the ability of the undersigned to perform its (or the) obligations to the Grantor. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. Misrepresentations in the application or in communication with program staff may result in forfeiture of the award.

☐ **I/We understand that Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.**

Signature
***Not signed*

Date