Contact Information

No data saved

Contact Information

Please provide the following information.

BASIC INFORMATION
Grant Program Name

Date Submitted

Total CDBG Funds Requested
$0.00

Note: Requested Funds should match CDBG Budget Request – Section D

Official Agency Name

Type of Organization

Agency UEI (unique Entity Identifier)

FEIN Number

Primary Contact Person

Phone

Email

Street Address

Mailing Address

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Project Site Address

Project's Fiscal Contact Name

Project's Fiscal Contact Title

Project's Fiscal Contact Phone

Project's Fiscal Contact Email:

Authorizing Representative's Name

Authorizing Representative's Title

Agency description

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A. Project Information

No data saved

A. Project Information

Throughout the application process, remember that this request is for the funding period starting May 1 and ending April 30.

CDBG PARTNER PROGRAM APPLICATION FOR PUBLIC FACILITY AND INFRASTRUCTURE IMPROVEMENTS
A.1. Project Type (Check all that apply)

☐ **Rehabilitation - Housing for Special Populations**

☐ **Rehabilitation - Non-Profit Owned Building Open to the Public**

☐ **Street Improvements**

☐ **Sidewalk Improvements**

☐ **Sewer Improvements**

☐ **Public Park**

☐ **Other**

A.2. National Objective Compliance: CDBG Public Service projects must principally benefit low and moderate income persons. Indicate which National Objective this project will meet: *(Check one)*

☐ **Area Benefit: The public facility or infrastructure project will be used for a purpose for which the benefits are available to an entire area, and at least 51% of those residents qualify as Low/Mod Income. Activities must meet an identified need of the area. The project service area must be clearly defined below. Census track/block groups must be included. Eligible activities for this National Objective include but are not limited to street, sewer and sidewalk projects, park and recreational facilities, neighborhood facilities, youth centers, health facilities, and senior centers.**

☐ **Limited Clientele - Low/Mod Income: The public facility or infrastructure project will benefit a particular group of persons, at least 51% of whom are low/mod income persons. Income for all beneficiaries must be documented.**

☐ **Limited Clientele (Presumed Benefit): The public facility or infrastructure project will only benefit a particular group of persons from one or more of the following groups: abused children, elderly persons, battered spouses, adults meeting the Bureau of Census' definition of severely disabled persons, illiterate adults, persons living with AIDS or migrant farm workers.**

☐ **Low/Mod Housing: The public facility or infrastructure project will exclusively a new or improved service to housing occupied by low/mod income persons.**

☐ **Low/Mod Jobs: The public facility or infrastructure project must be necessary for one or more businesses to create or retain jobs, primarily for Low/Mod Income persons.**
Provide a brief explanation of how this project will meet the above National Objective

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A.3. Project Name

A.4. Project Status

☐   **Project planning has not begun**

☐   **Project planning has begun, no funds committed.**

☐   **Project planning has begun, funds have been committed (includes bidding), but work has been started**

☐   **Project planning complete. Work has started**

A.5. Project State Date:

A.6. Project End Date:

A.7. Project Service Area: (Must be within the corporate limits of the City of Bloomington.)

☐   **Map - Project Service Area**

**No files uploaded

A.8. Identify census tracts/block groups served: (If Project Service Area is not the entire City.)

A.9. Project Description: Include a description of the project to be funded, not a justification for funding. Include the specific improvements that will be undertaken, estimated number of beneficiaries, beneficiary demographics, location of improvements, and staffing required to complete the project.

A.10. Project Justification: Explain why this project is necessary to meet the needs of the community. Include relevant data, linkage to the City's 2020-2024 Consolidated Plan and/or Comprehensive Plan, Community Health Improvement Plan, etc.

A.11. Project Beneficiaries: Please mark the categories that best describe the population(s) the project will serve. Include the number of unduplicated residents or households served for each category (See Income Guidelines)

Income	# OF UNDUPLICATED BENEFICIARIES TO BE SERVED PER INCOME CATEGORY
	0

Age	BASED ON THE # OF UNDUPLICATED

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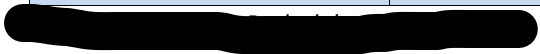
	BENEFICARIES, ESTIMATE THE PERCENTAGE BY AGE CATEGORY. THE TOTAL SHOULD BE 100%.
Total	0.00 %

Explain the methods used to determine the income and age breakdown for project beneficiaries.

A.12. Can adequate documentation of the race, income and age data be collected for program beneficiaries?
NOTE: If approved, data collection must be properly documented and provided to the City throughout the program.

If yes, explain the data collection methods to be used.

If no, explain why.

Please share any additional information pertinent to the clients the program serves.

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B. Project Goals/Expected Outcomes

Provide at least (3) three goals for this project, explain the activities you will perform to meet the goals, and the anticipated outcomes once the goals are met. Goals should be SMART – Specific, Measurable, Achievable, Relevant, and Timely.

Goal #1

Process Objectives: Activities performed to meet the goal.

Outcome Objectives: What will happen when goal is met?

Goal #2

Process Objectives: Activities performed to meet the goal.

Outcome Objectives: What will happen when goal is met?

Goal #3

Process Objectives: Activities performed to meet the goal.

Outcome Objectives: What will happen when goal is met?

Case Id: 10525
Name: Test Case for Edits - 2023
Address: *No Address Assigned

C. Capacity

Please provide the following information.

C.1. Identify other agencies involved in the program/project, as appropriate. Include agency name, address, phone, contact person and role. Although interagency collaboration is encouraged, it is not a requirement to receive funding.

Agency Name	Contact Person	Phone Number	Agency Address	Explain agency's role in the program

C.2. Provide a brief narrative overview of your organization's experience with grant management over the past (5) years. Specifically address experience managing federal funding. (750 Character Limit)

C.3. Complete the following chart summarizing your agency's grant awards over the past (5) years in chronological order. Most recent funding should be listed first. Multi-year funding for the same award can be combined.

Source of Funding	Funding Agency	Award Period(s)	Award Amount(s)	Funds Expended	# of Clients Served

C.4. Was your organization able to meet reporting requirements and other deadlines for the above awards:

If you answered no, explain why reporting requirements/deadlines were not met:

C.5. Provide a list of the staff position(s) that will work on the proposed project, required education/experience, current status and role in program implementation.

Staff Position	Education/Experience/Certifications	Current Status	Role in Program Implementation

C.6. If new staff will be hired for this program, please provide an overview of the hiring plan/timeline. (300 Character Limit)

C.7. Will staff training be required to implement the proposed program?

If yes, provide an explanation below:

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C.8. Grant funding is provided on a reimbursement basis only. If a delay in funding occurs, does your organization have the capacity to operate the program without reimbursement of eligible expenses from the City until contracts are fully executed, and HUD releases the annual allocation?

If yes, indicate how long the program could operate without reimbursement:

C.9. Is CDBG the only source of funding for this program?

C.10. Does your organization's accounting system meet the requirements per 2 CFR Part 200.302 ?

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D. Project Budget

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D. Project Budget

Please provide the following information.

D.1. Use the table below to provide a detailed budget for the entire project for which you are seeking assistance. Include the overall cost as well as a breakout of the cost of line items for which you are requesting assistance. Amounts should be based on a single fiscal year.

PROJECT REVENUE SOURCE(S)	TOTAL ANTICIPATED REVENUE

Project Expenditures - Personnel Costs	Description	Total Including CDBG	CDBG Assistance Requested
Total		$0.00	$0.00

Project Expenditures - Program Supplies	Description	Total Including CDBG	CDBG Assistance Requested

Project Expenditures - Operating Costs	Description	Total Including CDBG	CDBG Assistance Requested

Project Expenditures - Other	Description	Total Including CDBG	CDBG Assistance Requested

D.2. Based on the above budget, what is the cost per unduplicated beneficiary the program will serve during the project year?

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E. Project Timeline

No data saved

E. Project Timeline

Please provide the following information.

E.1. Use the table below to provide an estimated timetable for completing the project.

Activity	Start Date	Completion Date

E.2. Use the space below to provide any additional information that has not already been provided in regard to the project/program for which your organization is requesting assistance.

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No data saved

F. Required Documents

Please provide the following information.

Documentation

☐ **SAM.gov Verification *Required**

***No files uploaded*

☐ **Nonprofit Determination or Certified Local Government Certification *Required**

***No files uploaded*

☐ **Organizational Chart *Required**

***No files uploaded*

☐ **Current Board of Director (or Equivalent Body) List *Required**

***No files uploaded*

☐ **Current Liability Insurance Certificate *Required**

***No files uploaded*

☐ **Chart of Accounts *Required**

***No files uploaded*

☐ **Current Audit or Financial Statement if Audit Not Required *Required**

***No files uploaded*

☐ **Financial Internal Control Policies *Required**

***No files uploaded*

☐ **Governing Body Authorization to Submit Funding Request *Required**

***No files uploaded*

☐ **Job Descriptions for All Positions Assigned to Project *Required**

***No files uploaded*

☐ **Conflict of Interest Policy for Agency Staff and Board of Directors** *Required*

**No files uploaded

☐ **Drug-Free Workplace Policy** *Required*

**No files uploaded

☐ **Grievance/Termination Policy (Agency staff and program beneficiaries)** *Required*

**No files uploaded

☐ **Non-Discrimination Policy (Agency Staff and Program Participants)** *Required*

**No files uploaded

☐ **Procurement Policy** *Required*

**No files uploaded

☐ **Record Retention Policy** *Required*

**No files uploaded

☐ **Section 504 Certification and Checklist** *Required*

**No files uploaded

☐ **Programmatic Risk Assessment Questionnaire** *Required*

**No files uploaded

☐ **Designation of Authorized Official** *Required*

**No files uploaded

☐ **Staff Resumes (Optional)**

**No files uploaded

☐ **Letters of Support (Optional)**

**No files uploaded

☐ **Other (Optional)**

**No files uploaded

Submit

No data saved

Submit

Please provide the following information.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that my organization is not guaranteed funding and that should my program/project be approved initially, it will have to be approved by both the Bloomington City Council and the US Department of Housing and Urban Development. I understand that, once approved, my organization will need to submit all required paperwork in order to receive funding.

**Not signed

OUR POLICY
IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY. THANK YOU FOR COMPLETING THIS APPLICATION FORM. THE CITY OF BLOOMINGTON IS COMMITTED TO AFFIRMATIVELY FURTHERING FAIR HOUSING. LEARN MORE ABOUT FAIR HOUSING HERE .

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