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 DUNs Number

FEIN Number

Primary Contact Person

Phone

Email

Street Address

Mailing Address

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

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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 SERVICES AND ADMINISTRATIVE PROGRAMS
A.1. Program Type (check all that apply):

☐ **Client Assistance Payments**

☐ **Crime Prevention**

☐ **Education**

☐ **Child Care**

☐ **Employment**

☐ **Fair Housing**

☐ **Food Security**

☐ **Health/Fitness - Physical and/or Behavioral**

☐ **Homeless Prevention**

☐ **Job/Life Skills Training**

☐ **Neighborhood Revitalization**

☐ **Substance Abuse**

☐ **Planning**

☐ **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)*

☐ **Limited Clientele - Low/Mod Income: At least 51% of program beneficiaries will be low/moderate income based on current HUD guidelines. Income for all program participants must be documented.**

☐ **Limited Clientele (Presumed Benefit): Program is only available to beneficiaries 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.**

☐ **Area Benefit: Program is open to all residents in a particular area, where at least 51% of the residents meet**

the low/moderate income qualification. Area must be primarily residential and 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 may not be limited to: legal services, transportation services, substance abuse services, employment training, crime awareness, fair housing activities, health services and mental health services.

☐ **Planning Activity – No National Objective Required**

Provide a brief explanation of how this project will meet the above National Objective

A.3. Project Name

A.4. Project Status

☐ **A new project for the organization**

If new, will the project continue without the assistance of CDBG funding?

If funded, will the CDBG funding be used to replace any private, local, state or federal funding?

STOP   IF YOU ANSWERED "YES" TO THE QUESTION ABOVE YOU ARE NOT ELIGIBLE FOR FUNDING.

☐ **A continuation project for the organization**

If a continuation project, has the project received CDBG funding in the past?

If yes, indicate level of CDBG funding for the past (3) years?

Year	Award Amount
Total	$0.00

Is the funding requested necessary to provide an expansion of current services?

If yes, please include a description of the expansion of service in the Project Description. (Question A.9)

Is the funding vital to the continuation of the service?

A.5. Project Start 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**

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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 services to be provided, estimated number of unduplicated beneficiaries, beneficiary demographics, location of program(s) and service(s) provided, 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 Consolidate Plan and Comprehensive Plan, Community Health Improvement Plan, etc. If other agencies provide similar programs, explain how this project is different.

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

Income	# of Unduplicated Clients To Be Served Per Income Category
	0.00 %

Age	Check All Age Categories To Be Served Through This Program
	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

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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?

C. Capacity

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 encourages, 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 (3) 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 (3) 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 rarely or never, 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:

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 ?

D. Program Budget

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D. Program Budget

Please provide the following information.

D.1. Use the table below to provide a detailed budget for the entire project/program 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.

Program Revenue Source(s)	Total Anticipated Revenue

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

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

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

Program 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

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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 regards to the project/program for which your organization is requesting assistance.

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F. Required Documents

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F. Required Documents

Please provide the following information.

Documentation

☐ **SAM.gov Verification *Required**

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

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☐ **Organizational Chart *Required**

**No files uploaded

☐ **Board of Directors 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 Procedures *Required**

**No files uploaded

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

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☐ **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 beneciaries)** *Required

**No files uploaded*

☐ **Non-Descrimination 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*

☐ **Staff Resumes (Optional)**

**No files uploaded*

☐ **Letters of Support**

**No files uploaded*

☐ **Other**

**No files uploaded*

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Submit

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Submit

Please provide the following information.

By submitting this application, I affirm that the information provided is true and complete. I understand that my organization is not guaranteed funding. Should this application be approved initially, funding must be approved by both the Bloomington City Council and the US Department of Housing and Urban Development. I understand that, once approved, grant funds are provided on a reimbursement basis.

**Not signed

IT IS THE POLICY OF THE CITY OF BLOOMINGTON TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY. THANK YOU FOR COMPLETING THIS APPLICATION.

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