**FISCAL YEAR 202**4**-202**5

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION**

# **Neighborhood Development Division (NDD)**

**345 High Street; Hamilton, OH 45011**

**Phone: 513-785-7020**

The Community Development Block Grant (CDBG) Application may also be downloaded from the City of Hamilton’s website at <http://www.hamilton-city.org/> *(search ‘CDBG Application’)* or it may be requested via email to [duronna.smith@gmail.com](mailto:duronna.smith@gmail.com) or tomika.hedrington@gmail.com.

Applications must be typed and limited to space provided in application form *without cover letters, folders, binders, or other extraneous items.* Additional documents may be submitted as Exhibits if referenced in application and identified as Exhibit A, B, C, etc. The Neighborhood Development Division must receive applications by no later than ***4:00 p.m. on Thursday, September 28, 2023.*****This application may be downloaded from the City’s website at** <http://www.hamilton-city.org/> *(click on ‘CDBG Application’)* **and may be requested via email to** [**duronna.smith@gmail.com**](mailto:duronna.smith@gmail.com) **or** [**tomika.hedrington@gmail.com**](mailto:tomika.hedrington@gmail.com) **. Completed applications may be submitted via email to the Neighborhood Development Division at the same email address(es), or mailed. Verification of receipt is provided upon request only.**

*If interested in applying for funding of an eligible activity (see next page for list) under the CDBG Program, note that:*

Applications will ***only*** be accepted from nonprofit organizations with an IRS 501(c)(3) designation.

1. All requests submitted will be in competition for funding.

2. Area social service agencies may be asked for input and/or information related to any application submitted.

3. Organizations should be prepared to locate & identify matching funds for each CDBG dollar received. The ability of the organization to identify matching funds in its application may be a deciding factor in a recommendation to fund a request.

4 If your organization wishes to submit more than one (1) application, please numerically prioritize applications with #1 as your organization’s top priority, then #2 and so forth in the ***upper right hand corner of the application.***

5. Applications must be received by the Neighborhood Development Division **by 4:00 p.m. on Thursday, September 28, 2023.** Follow the instructions in the application carefully. **Late submissions may result in a negative impact on funding. Completed applications may be submitted *PREFERABLY* via email to** [duronna.smith@hamilton-oh.gov](mailto:duronna.smith@hamilton-oh.gov) **or** [tomika.hedrington@gmail.com](mailto:tomika.hedrington@gmail.com) **or by US mail at the above address. Verification of receipt will be provided upon request only. Please retain a copy for your records.**

6. Participation in the **Technical Assistance Session** described below is mandatory for potential applicants. Participation in public input sessions by nonprofits and citizens is highly encouraged.

**MANDATORY TECHNICAL ASSISTANCE SESSION\* AND PUBLIC INPUT OPPORTUNITIES SCHEDULE:**

***\*\*Applicants: Please NOTE method & time for MANDATORY technical assistance session. \*\****

**The MANDATORY** **Technical Assistance Session** along with a **Public Input Meeting** will be held **Thursday, August 24, 2023** **from 11:00 am – 1:00 pm via Microsoft Teams** using the following link <https://teams.live.com/meet/9320662414423?p=Hj6TnRS1PEftiObM> and will be promptly followed by a brief **Subrecipient Session for current Fiscal Year 2023-24 Subrecipients.**

**Bring your ideas, input, and questions for NDD staff or feel free to submit prior to this session.**

*Kindly provide 48 hour notice to the Neighborhood Development Division if reasonable accommodations are necessary for your participation at the Public Input and Technical Assistance Meetings.*

**Neighborhood Development staff is not responsible for typing or writing any proposals. Individual technical assistance appointments may be requested.**

**INSTRUCTIONS FOR SUBMITTING “PROJECT REQUEST FORM FOR CITIZENS” page 12 of this application:**

If you, *as a citizen,* would like to propose the implementation of an eligible project ***OR***

If you want to see the continuation of an existing CDBG project, please complete the "Project Request Form for Citizens" and submit it to the Neighborhood Development Division by **4:00 p.m. on Thursday, September 28, 2023.**

The purpose of this information below is to explain what activities *may be eligible* to be assisted under the Community Development Block Grant (CDBG) Program, and to help non-profit corporations/agencies, citizens, and City Departments prepare the CDBG Grant Application and Project Request Form for CDBG grant proposal.

Examples have been provided as a courtesy only and are not limited to examples provided. It is hoped that this list would inspire grant applicants to propose eligible programs and projects. Contact our office with questions.

**ELIGIBLE ACTIVITIES (24 CFR 570.201)**

***Include but are not limited to:***

1. Acquisition and disposition of real property.

2. Facilities and Improvements.

 Construction, reconstruction or rehabilitation of public facilities

 Parks, Recreational Facilities

 Street Improvements

 Water/Sewer Improvements

 Sidewalks

3. Clearance and demolition.

4. Public services (15% cap).

*Examples for Public Services include, but are not limited to:*

 Transportation Services

 Employment/Job Training

 Health Care

 Child Care

 Youth Programs

 Services for Senior Citizens

 Crime Awareness/Prevention Programs

 Fair Housing Programs

 Services for Battered and Abused Spouses/Children

 Substance Abuse Services

 Services for Homeless Persons

5. Removal of physical barriers for handicapped persons.

6. Housing Services (emergency repairs).

7. Historic Preservation.

8. Economic Development.

1. Planning, Design, and Administrative Costs (20% cap).

The purpose of this information is to describe the criteria which must be met in order for an activity to be considered to have met a **National Objective** and which are eligible to be assisted under the Community Development Block Grant (CDBG) Program.

**The Three (3) National Objectives of the CDBG Program are:**

1. Benefiting low-and moderate income persons
   1. L/M Income Area Benefit
   2. L/M Income Limited Clientele
   3. L/M Income Housing
   4. L/M Income Jobs
2. Prevention/ Elimination of Slums or Blight
   1. Addressing Slums or Blight on an Area Basis
   2. Addressing Slums or Blight on a Spot Basis
   3. Addressing Slums or Blight in a Urban Renewal Area
3. Meeting other community development needs having a particular Urgent Need
   1. Pose a serious and immediate threat to the health and welfare of the community (major catastrophe such as a flood or earthquake)

**COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION *PRIORITY #***

**FISCAL YEAR 2024-2025**

Applications must be typed and limited to space provided in application form *without cover letters, folders, binders, or other extraneous items.* Additional documents may be submitted as exhibits if referenced in application and identified as Exhibit A, B, C, etc. Neighborhood Development Division must receive applications by no later than ***4:00 p.m. on Thursday, September 28, 2023.*****This application may be downloaded from the City’s website at** <http://www.hamilton-city.org/> *(click on ‘CDBG Application’)* **and may be requested via email to** [**duronna.smith@hamilton-oh.gov**](mailto:duronna.smith@hamilton-oh.gov) **or** [**tomika.hedrington@gmail.com**](mailto:tomika.hedrington@gmail.com)**. Completed applications may be submitted via email to Neighborhood Development Division at the same email address(es) (preferred method), or by US mail. Verification of receipt provided upon request only.**

Organization Name:       Federal Tax ID:

UEI (Unique Entity Identification) Number:   

Address:

Contact Person/Title:

Phone: (   )    -     Fax: (   )    -

Email for Contact Person:

Amount of CDBG Funds Requested: $

Can this Project or Program be phased over more than one-year? Yes ☐ No ☐

Total Matching Funds from all Sources: $

**Project/Program Title (brief & descriptive):**

**Does this project/program prevent, prepare or respond to the COVID-19 Pandemic?** Yes ☐ No ☐

2020 Census Tracts the Proposed Project will serve:

Has this project or program been funded in previous years? Yes ☐ No ☐

If so, which years:

Has your organization received HOME or CDBG funds in the last five (5) years? Yes ☐ No ☐

If yes, please use an Exhibit listing the program year, type of funds and brief project description.

Are the proposed funds to be used as a match for other funding? Yes ☐ No ☐

If yes, please list the type of funds, organization granting funds and the proposed amount of the funds.

***Number of Exhibits Attached, if Any:***



1. **CHECKLIST OF REQUIRED DOCUMENTS: Organizations need to submit all documents listed below regardless of whether or not Organization has been funded in past or current fiscal year. (Not applicable to City Departments.)**

#### **Attached Documents**

☐ 1. Articles of Incorporation and Bylaws

☐ 2. State and Federal Tax Exemption Determination Letters

☐ 3. Employee Identification Number

☐ 4. List of Board of Directors, their titles and contact information

☐ 5. Board of Directors’ Authorization to Request Funds

☐ 6. Board of Directors’ Designation of Authorized Official

☐ 7. Organization Chart

☐ 8. Resume of Chief Program Administrator

☐ 9. Resume of Chief Fiscal Officer

☐ 10. Financial Statement and Most Recent Audit Report

☐ 11. Matching Funds Commitments Documentation

☐ 12. Program/Project staff job descriptions

1. **CAPACITY/HISTORY OF ORGANIZATION:** **Is the applicant (including partners, co-applicants, etc.) currently in compliance with all federal, state and local laws, rules and regulations including any CDBG funded projects? Yes ☐ No** **☐**

**If “NO”, explain**

**Is the applicant aware whether your organization or any member of your board appears on any local, state, or federal debarment list? Yes ☐ No ☐**

**Is the applicant a Faith Based Organization? Yes ☐ No** **☐**

Please *very briefly* provide the applicant’s capacity and experience to undertake and complete the proposed project/program within the established timetable/schedule and budget, including project sponsor and supportive service organizations. Limit to space provided please.

Please *very briefly* describe your organization’s experience, if any, in managing and operating projects or activities funded with CDBG or other Federal funds.

1. **PROPOSED ACTIVITY DESCRIPTION, GOALS, OBJECTIVES, DIRECT BENEFITS:** please describe in detail the activities to be carried out, **including specific population(s) to be served and number of persons to be served.** It should define the **“who, what, where, when, why, and how”** of the activities. It should specifically describe and quantify the services or products to be provided as a result of the expenditure of CDBG funds. Where appropriate, it should specify how the project/program would ensure that the intended beneficiaries are being served. Please limit the space provided. *If additional information is needed, it would be requested.*

**If applicable,** describe briefly but concisely *how* this activity aids to prevent, prepare or respond to the **Coronavirus (COVID-19) Pandemic**.

* + 1. What are the goals and objectives of the project, service, or activity? How will these goals and objectives be measured and evaluated? (measures should be both qualitative and quantitative)?

* + 1. Describe how this project would directly benefit low- and moderate- income residents.

\_\_\_\_

1. **WORK SCHEDULE AND PERFORMANCE MEASURES:**

**A.** The work schedule plays an essential role in how the target population’s needs are assessed. *Briefly* outline the proposed timetable for the commitment and expenditure of the funding being requested *(include other project factors such as but not limited to* ***supply chain issues, staffing/turnover/capacity, experience of staff, rezoning, construction schedule, permitting, or application(s) for other funding)****.* These projected milestones and deadlines are ***one*** basis for measuring actual progress during the term of the agreement. **Please be realistic.**

***Please Note: If funded, this schedule would be used in developing a written funding agreement governing the use of CDBG funds.***

**Date Description of Activity**

May 1, 2024 Beginning of City Fiscal Year and Project/Program Start Date

Performance Measures would be used to evaluate the success of the proposed project.

1. Please select the ***objective*** that best describes the **purpose** of your proposed project, *(****select only one****).*

☐ **Sustain Living Environment** – activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.

☐ **Decent Housing** – housing activities whose purpose is to meet individual family or community housing needs.

☐ **Economic Opportunity** – applies to activities related to economic development, commercial revitalization, or job creation.

1. Please select the ***outcome*** that best describes what the **result** of your proposed project may be, *(****select only one****).*

☐ **Availability/Accessibility** –activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to LMI people, including persons with disabilities.

☐ **Affordability** – an activity to lower the cost, improving the quality, or increasing the affordability of a product or service to benefit a LMI person or household.

☐ **Sustainability** - using resources in a targeted area to help make it livable or viable to LMI persons.

1. **ELIGIBLE ACTIVITY AND NATIONAL OBJECTIVE:** Please provide the title of the Eligible Activity (pg. 2) of the proposed activity and the National Objective (pg. 3) that will be met. Define clearly the geographic area(s) to be covered by the proposed activity (area benefit) percentage of target areas, that is, **2020 Census Tract and Block Group/s, should be identified.**

**VI. Category and Number Served:** Choose **ONE** category from the list below which best identifies the population to be served by this project/program and indicate the **QUANTITY** in that category that the proposed project/program would serve:

##### **Category Number Served**

**☐ People (General)**

**☐ Households (General)**

**☐ Elderly**

**☐ Housing Units\***

**☐ Youth**

**☐ Elderly Households\***

**☐** **Businesses**

**☐ Jobs**

**☐ Public Facility(ies)**

**☐ Others:**

**(Please specify)**

**VII. If the Proposed Project is a Public Service Project (see page 3 for examples), please answer the following:**

(a) Please indicate whether the proposed project is a **NEW** or **EXPANDED** project previously funded by this office.

☐ New Project ☐ Expanded Project

1. If the activity is new, what makes it new/different?

1. If it is an expanded public service, describe how it is to be expanded:

1. What **Non-CDBG** sources will fund the program in the future if it proves successful?

**VIII. COMMUNITY INVOLVEMENT & ASSETS IDENTIFICATION: Please identify the community assets (for example, neighborhood organizations, residents, volunteers, etc.) in your area and how you propose to involve/utilize these community assets in the proposed project/program. *We are not looking for your organization’s history or past accomplishments.***

(a) Please identify and quantify community assets (people and/or organizations and quantity) in the area(s) in which your organization delivers community development services.

(b) How would you involve/utilize the above-mentioned community assets in the proposed project/program?

(c) What methods would be used for community involvement to assure that all who might benefit from the project/program are provided an opportunity to participate?

1. **BUDGET:** Use general categories such as salaries, office expenses, purchases and administrative cost for operational funding. Use categories such as architectural expenses, construction cost, materials, etc. for construction/rehab projects (Column 1). Please list the amount of CDBG funds requested for various categories appropriate to your project (Column 2). If other funds are used to implement the project, please list the amount and sources, state if the funds are in-kind or cash (Column 3). Only list confirmed sources of funding (attach documentation). If in-kind sources, please attach documentation on how the dollar amount was calculated. Enter the total cost for each line item in Total Budget (Column 4).

| **Column 1:**  **Expense Category & Total Expenses** | **Column 2:**  **Amount of CDBG Requested** | **Column 3:**  **Other Sources of Funds** | | **Column 4:**  **Total Budget** |
| --- | --- | --- | --- | --- |
| (***Please prioritize budget***) | **Amount** | **Source** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTALS** |  |  |  |  |

Are any other funds listed in the budget dependent upon receiving CDBG resources? **Yes ☐ No** ☐

If yes, please attach supporting documentation to this application as an Exhibit.

If other funds listed are not received, can the proposed project/program move forward? **Yes ☐ No** ☐

If yes, please provide information on how the project will be impacted if it does not receive the other funding (please use extra sheets if necessary as an Exhibit)

Can this project or program be phased over a number of years? **Yes ☐ No ☐**

How will the project or program be phased? Please show a budget indicating expenditures based on the number of phases (please attach as an exhibit).

###### **APPLICANT CERTIFICATIONS: By the submission of this application, the applicant certifies all of the following:**

###### The information contained in the project application is complete and accurate.

###### The applicant acknowledges that it is required to comply with all Federal and City policies and requirements imposed on the project funded in full or part by the CDBG program.

###### The applicant acknowledges that the Federal assistance made available through the CDBG program funding will *not* be used to substantially reduce prior levels of local financial support (i.e. non-CDBG) for community development activities.

###### The applicant fully understands that any facility improved or items purchased with CDBG funds shall be maintained and/or operated for CDBG-approved uses throughout its economic life and that inventory records must be kept during this period.

###### If CDBG funds are approved, the applicant acknowledges that sufficient funds are available or will be available to complete the project/program as described within a reasonable time frame.

###### The applicant acknowledges that funding, if approved, would be made available on a reimbursement basis. The applicant states that it has sufficient funds available to cover expenses upfront then be reimbursed by the City for eligible expenses.

###### The applicant acknowledges that monthly and annual performance reports are required

###### On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding and authorization is attached as an Exhibit.

###### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Signature

Typed/Printed Name:

###### **PROJECT REQUEST FORM FOR CITIZENS**

**Not for Use by Non-Profit Agencies and City Departments**

Please identify projects that you would like to see implemented or continued under the Community Development Block Grant Program. While it is not necessary for you to include your name, address, or phone number on this form for your request to be considered, this information is helpful if the City needs further details on the project.

**Description of or nature of request:**

**Exact Location:**

**Name of Contact Person:**

**Telephone Number of Contact Person:**

**Business:** (   )    -     **Home**: (   )    -

**Comments:**

Please return this completed form to the Neighborhood Development Division office by **4:00 p.m. on Thursday, September 28, 2023.**