

Organization Name _____

Project Title _____

**FY-2024 CITY OF ALLIANCE
Community Development Block Grant (CDBG)
Project Application**



All Applications *MUST* be typed.

In the space provided below, please respond to each of the following application components for the FY-2024 CDBG funding request. You may re-type the attached forms on your computer system to facilitate application preparation; however, please maintain existing page breaks, titles, and question narratives, and limit all responses to the existing space requirements. Supporting documentation may be included in the application, but not as a substitute for one or more of the application requirements.

COMPLETED APPLICATIONS MUST BE RETURNED TO THE ADDRESS LISTED BELOW BY THE CLOSE OF BUSINESS (4:00 P.M.), FRIDAY, DECEMBER 15TH, 2023 TO BE CONSIDERED FOR FY-2024 CDBG FUNDING. PLEASE BE SURE TO SUBMIT **ONE ORIGINAL AND EIGHT COPIES OF YOUR APPLICATION. IF AN ENVIORMENTAL REVIEW IS REQUIRED FOR YOUR PROJECT (SUCH AS ANY STRUCTURAL CHANGE TO A BUILDING) THEN PLEASE ATTACH DOCUMENTATION TO SUPPORT THE COMPLETION OF THE ENVIORMENTAL REVIEW (SUCH AS PHOTO'S, MAPS, PROJECT MATERIAL BROCHURES) WITH YOUR APPLICATION.**

**CITY OF ALLIANCE
DEPARTMENT OF PLANNING AND DEVELOPMENT
504 East Main Street
2nd Floor
Alliance, Ohio 44601-2400**

If you have any questions regarding this application or project eligibility, please call the Department of Planning and Development at (330) 829-2235.

FY-2024 CITY OF ALLIANCE

CITY OF ALLIANCE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROJECT APPLICATION

***APPLICATIONS THAT ARE NOT COMPLETE OR NOT TURNED IN BY THE DEADLINE
WILL NOT BE REVIEWED***

Legal Entity _____

Project Title _____

Contact Person _____ Second Contact _____

Address _____ Address _____

E-mail Address _____ E-mail Address _____

Telephone _____ Telephone _____

Federal I.D. # _____

DUNS # _____

Funding Request (list only one source per application)

CDBG\$ _____

National Objective: Check those that apply to this project

- 1. Benefit to Low / Moderate Income Persons _____
- 2. Prevents / Eliminates Slum & Blight _____
- 3. Urgent Need _____

<p><u>STAFF USE ONLY</u></p> <p>Census Tract: _____</p> <p>Block Group _____</p> <p>LMI % _____</p> <p>National Objective Met _____</p>
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ATTACHMENT I – STATEMENT OF WORK

FY-2024 ATTACHMENT I

STATEMENT OF WORK – CDBG PROJECT DESCRIPTION (1-4)

Project Title: _____

Agency: _____

Project Description:

- 1. Detailed Project Description:**
- 2. Narrative Description:**
 - a) Dissemination**
 - b) Assessment**
 - c) Service Delivery**
 - d) Post Training / Monitoring / Assessment**
- 3. Location of Project**
- 4. CDBG Funding Utilization**

4. **CDBG FUNDING UTILIZATION-** Describe what aspect of the project will utilize CDBG funds. Be specific. (0-5 pts.)

5. **SELECT THE ONE ACTIVITY WHICH BEST DESCRIBES YOUR PROJECT-**
Must be supported by the description in Question No. 1; if more than one describes your project, choose the one which most accurately describes it.

- A. Infrastructure Improvement _____ (10 pts)
- B. Public Service Activity _____ (5 pts)
- C. Economic Development _____ (10 pts)
- D. Affordable Housing _____ (10 pts)
- E. Welfare Reform Mitigation _____ (10 pts)
- F. Neighborhood Revitalization _____ (10 pts)

6. **This project is**

- A. New Activity/Infrastructure Project _____ (3pts)
- B. Continuing/ Expanded Activity _____ (5pts)
- C. Replacement (Infrastructure) Project _____ (5pts)

7. **Number of Persons this Project is expected to serve/service.**
(Total served by CDBG funds only)

- A. Over 500 _____ (10pts)
- B. 400-499 _____ (7pts)
- C. 300-399 _____ (5pts)
- D. 200-299 _____ (3pts)
- E. 100-200 _____ (2pts)
- F. less than 100 _____ (1pt)

8. Importance of this project to the health and safety of residents/clients in/around the project area served by the project

- A. Very Important _____ (5pts)
- B. Somewhat important _____ (2pts)
- C. Project will not affect health & safety _____ (0 pts)

Please use additional space to explain-

9. Project Impact- the City of Alliance has developed a map detailing priority areas for focusing Community Development funds (see attached). Describe in detail which geographic area your project will impact. If this is a construction/rehab/infrastructure be sure the address is listed. If your project is a service-oriented project, a complete listing of clientele addresses must be attached.

Project Impact-

- Area #1** _____ **(20pts)**
- Area #2** _____ **(15pts)**
- Area #3** _____ **(10pts)**
- Area #4** _____ **(5pts)**

PROJECT TITLE _____

GOALS AND OBJECTIVES/MEASUREMENT OF ACCOMPLISHMENTS

Based on the stated community needs and the general description of the proposed program, please state in quantifiable and verifiable terms the goals and objectives to be accomplished, and how the success of the project will be measured. (0-10 pts)

PROJECT TITLE: _____

AGENCY CAPABILITY

Describe the capability of the applicant agency to carry out the proposed program, and any previous experience in administering this type of program. (0-10 pts)

FOR NON-PROFIT ORGANIZATIONS

- A. Attach a copy of your 501 C3
- B. Attach a copy of Certificate of Good Standing from the Secretary of State
- C. Attach a copy of Organization By-Laws

_____ (5pts)
All 3 items

PROJECT TIME FRAME- Describe when CDBG funds will be needed, and the estimated time to complete the entire proposed project, remember to include all factors, such as, need to obtain additional funding, information, etc.

CDBG funds will not be available for use until August 2024, at the earliest. Please base your timeframe accordingly.

A. CDBG funding needed by: _____

B. Estimated Start date _____

C. Estimated completion date _____

ATTACHMENT II – BUDGET

PROJECT COSTS

1. Estimated Total Project Cost _____

2. Total CDBG Funds Requested _____

- A. Over \$100,000.00 _____ (0pts)
- B. \$75,000 to \$100,000.00 _____ (2pts)
- C. \$50,000 to \$ 74,000.00 _____ (5pts)
- D. \$25,000 to \$ 49,000.00 _____ (7pts)
- E. \$ Under \$24,999 _____ (10pts)

3. Additional Sources of Funds and Amount of Funding-
(If in-kind, the dollar value of the in-kind service(s) must be indicated and documented)

A. Locally committed to the project _____ (6pts)
(City and/or County)

B. Non-local committed to this project _____ (6pts)
(State and/or Federal)

C. Additional funding currently applied for _____ (3pts)

List application agency(s) and deadline(s). Commitment must total at least 10% of CDBG funds requested to receive points.

D. No additional funding source
Sought/available _____

Explain why no additional sources of funding are being sought or why no other sources are available.

FY-2024 ATTACHMENT II

BUDGET - CDBG PROJECT USE OF FUNDS

USE OF FUNDS: Please indicate below how funds will be utilized for each of the line items for which funding has been approved. Be specific as to the activities to be undertaken and the use of funds. Only those activities and uses listed on this form will be eligible for reimbursement through the City of Alliance.

PROJECT FUNDING USES

PERSONNEL

FUNDING AMOUNTS

SALARIES _____
FRINGES _____
OTHER _____
TOTAL PERSONNEL.....

ADMINISTRATIVE

OFFICE SUPPLIES _____
EQUIPMENT LEASE _____
EQUIPMENT PURCHASE _____
LEASE SPACE _____
OFFICE SERVICES _____
TELEPHONE _____
INSURANCE _____
TRAVEL _____
PRINTING _____
PUBLICATIONS _____
MEMBERSHIP's _____
OTHER _____
TOTAL ADMIN.....

BUILDING/CONSTRUCTION

REPAIR _____
REHABILITATION _____
ACQUISITION _____
DEMOLITION _____
NEW CONSTRUCTION _____
INFRASTRUCTURE _____
OTHER _____
TOTAL BLDG. /CONST.....

TOTAL PROJECT USES.....

Listed below are some “do’s” and “don’ts” that should be helpful in completing a CDBG application.

DO

- Submit more than one application if you are requesting funds for more than one project.
- Plan on using Davis-Bacon regulations if there is any construction involved.
- Plan on (budget for) an OMB (A) 133 review (audit) if more than \$300,000.00 in federal funding is expected.
- Read all attached certification and Handbook for CDBG Sub-recipients on Administrative
- Systems: Playing by the Rules. **Request one if you don’t already have it.**
- Read all CDBG program requirements before beginning the application.

DON’T

- Exceed application element one-page limitation.
- Substitute an attachment for an application element.
- Be late.
- Hesitate to call if you have questions.



City of Alliance, OH



Areas of Interest

- Target Area 1
- Target Area 2
- Target Area 3
- Target Area 4



Low to Moderate Income Family Target Areas

