**FY 2024 COMMUNITY DEVELOPMENT BLOCK GRANT**

**Fiscal Year June 1, 2024 to May 31, 2025**

**SOCIAL SERVICE FUNDING APPLICATION**

|  |
| --- |
| Program Name: |
| Organization/Agency: |
| Street Address: |
| City, State, Zip Code: |
| Executive Director: |
| Phone No.: | Fax No.: |
| Contact Name: | Contact Phone No.: |
| Contact e-mail: |
| Federal IRS Tax Exempt #: | **DUNS #:** |
| Amount Requested: |
| Is this program: ❑ Existing ❑ New to CDBG ❑ Pilot |
| Attach current agency exclusion record from System for Award Management. See https://www.sam.gov |
| SAM Number: |

**PROGRAM INFORMATION:**

1.Please Briefly Describe your organization/agency, its history, primary social service delivery functions, and primary clientele.

2. Programs receiving funding from the City at this time (during the current program year):

a. How much CDBG funding was awarded?

b. Is this program receiving funding from any other City of Bloomington sources?

c. If yes, how much was received and from what source?

3. Is there a fee to clients to participate in the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide fee structure.

4. Describe the need of community need for this program, days and hours of operation of the program, and the activities performed under this program (500 words or less):

**Part II. Social Services Objective:**

1. **HUD National Objective**. Indicate which National Objective this program activity will address; choose one. Refer to National Objective description p. 3 for additional information.

[ ]  **Low and Moderate Income Clientele** (LMC): an activity which provides benefits to a specific group of persons of which at least 51% qualifies as LMI Portlanders.

 Does this activity benefit a population that HUD presumes to be low to moderate income, including *abused children, elderly persons, battered spouses, homeless persons, illiterate adults, severely disabled adults, persons living with AIDS, and migrant farm workers*? [ ]  No [ ]  Yes (please circle appropriate population)

[ ]  **Low and Moderate Income Area Benefit** (LMA): an activity *which is available to benefit all the residents of an eligible area/census tract*, plus housing authority properties.

 ***If you choose LMA, please provide a map and outline on the map the area that your program serves.***

1. **HUD Program Objectives**. Indicate which HUD program objective this program will address; choose one:

 [ ]  **Creating a Suitable Living Environment**

[ ]  **Providing Decent Affordable Housing**

[ ]  **Creating Economic Opportunity**

1. **Type of Public Service** (choose all that apply)

\_\_\_\_ 05A Senior Services \_\_\_\_ 05B Handicapped Services

\_\_\_\_ 05C Legal Services \_\_\_\_ 05D Youth Services

\_\_\_\_ 05E Transportation Services \_\_\_\_ 05F Substance Abuse Services

\_\_\_\_ 05G Battered and Abused Spouses Services \_\_\_\_ 05H Employment Training

\_\_\_\_ 05I Crime Awareness \_\_\_\_ 05J Fair Housing Activities

\_\_\_\_ 05K Tenant/Landlord Counseling \_\_\_\_ 05L Child Care Services

\_\_\_\_ 05M Health Services \_\_\_\_ 05N Abused and Neglected Child Services

\_\_\_\_ 05O Mental Health Services \_\_\_\_ 05P Screening for Lead Hazards

\_\_\_\_ 05Q Subsistence Payments \_\_\_\_ 05R Homeownership Assistance (Not Direct)

\_\_\_\_ 05S Rental Housing Subsidies \_\_\_\_ 05T Security Deposits

\_\_\_\_ 05U Housing Counseling under CFR 5.100 \_\_\_\_ 05V Neighborhood Cleanups

\_\_\_\_ 05W Food Banks \_\_\_\_ 05X Housing Info and Referral Services

\_\_\_\_\_05Y Housing Counseling under 24 CFR 5.100 Supporting Homebuyer Downpayment Assistance

\_\_\_\_ 05Z Other Public Services Not Listed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Beneficiaries.**

Use the following current (2023) AMI table for the purpose of this section:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** |
| **Low-Moderate Income (50 – 80 % AMI)** | $31,651 – $50,600 | $36,151 – $57,800 | $60,651 – $65,050 | $45,151 - $72,250 | $48,801 – $78,050 |
| **Low Income** **(30 – 50% AMI)** | $19,001 – $31,650 | $21,701 - $36,150 | $24,401 - $40,650 | $27,101 - $45,150 | $29,301 - $48,800 |
| **Extremely Low Income (30% AMI and below)** | $19,000 or less | $21,700 or less | $24,400 or less | $27,100 or less | $29,300 or less |

|  |  |
| --- | --- |
| 1. Describe the beneficiaries or clients served by the program.
 | A. |
| B. How many will be served by the proposed program? (unduplicated per year)  | B.  |
| C. How many are *residents of Bloomington*?  | C.  |
| D. How many are *low to moderate income residents of Bloomington*? See income data above | D.  |
| E. What percentage of total clients are low to moderate income residents of Bloomington? *(To calculate = D/B \* 100; Must be > 51%)* | E.  |

1. **Units of Service.** Describe the type of unit of service provided by the program.

|  |  |
| --- | --- |
| A. Describe the type of unit of service provided by the program. | A. |
| B. How many units of service will be provided by the program?  | B.  |
| C. What is the cost per unit of service? | C.  |
| D. Explain the relationship between the cost per unit of service and the total program budget. | D. |
| 1. What percentage of the total budget is CDBG?
 | E. |

1. **Program Objectives and Outcomes**. Please list below.

|  |  |
| --- | --- |
| **Program Objective**s | **Outcomes/ Community Impact**  |
|  |  |
|  |  |
|  |  |

**Part III. Financial Information:**

**Non-profit applications:** verification of 501(c)3 status; agency organizational chart; most recent agency operating budget; most recent audit or if not available the most recent 990 financial statement.

|  |  |
| --- | --- |
| Total amount of Organization’s Operating Budget for FY 2022 |  |
| What year were the two most recent financial audits? |   |
| Dates covered by most recent financial audit | From: To: Completed:  |
| Dates covered by second most recent financial audit | From: To: Completed:  |
| What fiscal year does your organization use (calendar, state, etc.) Please answer using dates. |  |
| Are any current revenue sources anticipated to be unavailable in the future? Please list them and describe why. |  |
| What is the organizational strategy if there is a reduction in a revenue source?  |  |
| What is the organizational reserve policy? |  |
| Is the organization intending to increase or decrease staff in the next few years?  |  |
| Submit the following as attachments as it relates to the Applicant’s financials:* Previous two most recent Financial Audits. Name file “App Audit.” If your organization does not have an audit from an independent 3rd party, please contact the CDBG manager regarding a potential waiver at time of application. However, an audit will be required if awarded.
* IRS Form 990. Name the file “App 990.”
* Annual organizational budget for current and previous year. Name the file “App Budget.”
* Proposed future Organizational Chart (If anticipating future changes). Name the file “Future Org Chart.”
 |  |

**Budgetary Information: Please provide the following financial documentation:**

1. Attach a copy of your agency’s last two year’s Balance Sheets, Income Statements, and Statement of Cash Flows.
2. Provide the end date for your agency’s own fiscal year.
3. Estimate the total amount of federal funds/grants your agency as a whole expects to receive in your agency’s current fiscal year.
4. Complete the attached budget information forms.
5. In the last five years has your agency defaulted on a loan or been in non-compliance of a grant or any type of funding source? If yes, please explain.
6. If this program is new to CDBG, list current funding sources.

**Program Budget**

\*Show Program fiscal budget (not entire agency)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Program Expenditures** | **FY****2022** | **FY****2023** | **Proposed Budget** **FY 2024** | **Amount of CDBG funds per line item** |
| **Salaries** |  |  |  |  |
| **Employee Benefits/Taxes** |  |  |  |  |
| **Consultant Services** |  |  |  |  |
| **Office supplies** |  |  |  |  |
| **Postage** |  |  |  |  |
| **Printing and Publications** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Conferences & Conventions** |  |  |  |  |
| **Membership Dues** |  |  |  |  |
| **Utilities** |  |  |  |  |
| **Rent** |  |  |  |  |
| **Equipment Rental/ Maintenance** |  |  |  |  |
| **Equipment Purchase** |  |  |  | Not Eligible |
| **Specific Assistance to Individuals** |  |  |  |  |
| **Other (explain)** |  |  |  |  |
| **Total Budget Expenditures** |  |  |  |  |

**Other:**

**Part IV. Environmental Review Information:**

All awards of funding for a proposed project using CDBG funds are contingent upon a complete Environmental Review. No action can be taken until the Environmental Review has been completed and funding agreements have been signed and executed. Additional considerations may include:

* Applicants may be required to prepare a Phase I and/or Phase II environmental review.
* Applicants may be denied funding if the site is within a Flood Zone.
* No action can be taken until the Environmental Review has been completed and funding agreements are executed.

Environmental Concerns:

1. Is the funding going to be used in existing facilities or is there any new construction involved?
2. Is the project in a floodway or floodplain?
3. Do you have federal flood insurance?
4. Are the services being administered within 2,500 feet of an airport?
5. Using information from previous sections of this application please describe the scope of work for the project below. Include specific uses of CDBG funds for the program you are requesting, including information about the location(s) of service delivery.

**Evaluation methodology/outcome measurement:**

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| --- |
| a. What is your program goal? |
| b. Briefly describe your evaluation tool used to measure this goal: |
| c. Outline the data collected for FY 2021 based on the above evaluation tool: |
| d. What is your benchmark(s), i.e. number served? |
| e. What was the result of the data collected? |
| f. Were any changes made to your program based on the evaluation of the data? |
| g. Please describe how your organization assesses and/or verifies that program beneficiaries meet income guidelines as defined by HUD and the national objective under which you are applying (LMI, Slum & Blight or Urgent Need). |
| h. Please describe how your organization determines that program beneficiaries are residents of the City of Bloomington. |