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| **Community Development Block Grant Proposal Form**

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| **2024 Proposal Form** |

**Department of Metropolitan Development****City of Evansville, Indiana** |

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| **General Information** |

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| **1.** **Applying Organization Information:** |
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| Organization Name |
|  |  |  |
| Organization Address | Phone Number | E-Mail |
| City |  | State |  | Zip +4 |  |

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| **2.** Contact Person Information: (This person will receive all notices concerning CDBG funds and must be able to answer questions regarding this proposal). |
| Name (last, first) |  | Title |  |
| Mailing Address  |  | Phone |  |
| City |  | E-mail |  |
| State |  | DUNS# |  |
| Zip +4 |  | EIN# |  |

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| **3.** Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, **submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).** |
| **Yes** |  | **No** |  | **Pending** |  |
| **3-a.** Is your agency a Community Based Development Organization (CBDO)? **If so provide most recent letter of certification.** |
| **Yes** |  | **No** |  |

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| **4.**  Is your agency currently registered with System for Award Management (SAM)? (SAM.gov) **Provide proof of current status with SAM**  |
| **Yes/UEI#** |  | **No** |  |

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| **5.** How many years has this **organization** been in existence? |  |
| **5-a.** How many years has this **program** been in existence? |  |

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| **6.** Program Name: |  |
| **6-a.** Program Location: (Street Address, City, State, Zip) |  |

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| **7.** CDBG Amount Requested for this program: | **$** |
| **7-a.** CDBG Percentage of total program costs: |  **%** |

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| FOR ADMIN USE ONLY |
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| PERFORMANCE OBJECTIVE: |
| PERFORMANCE OUTCOME: |

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| **Project Information** |

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| **8.** Specific Use of Funds for CDBG Eligible Activities: (i.e. program operating costs, rent payments, etc.) |
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| **9.** Five Year Consolidated Plan Priority - Indicate the need and priority level: |
|  | Abused & Neglected Children |  | Crime Awareness / Prevention |
|  | Childcare  |  | Youth Services |
|  | Senior Services |  | Handicapped Services |
|  | Substance Abuse Services |  | Nutritional & Healthcare Services |
|  | Employment Training |  | Job Creation |
|  | Homeownership Assistance (not direct) |  | Housing |
|  | Housing Counseling Rehab |  | Other |
| Priority Level: |  | **Low** |  | **Medium** |  | **High** |

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| **10.** If your Program is operating in 2023, provide year to date, unduplicated, LMI individuals served. If this program is a **NEW**, provide data for the 2023 program year. |
| Total Served to Date: |  | Unduplicated Served: |  |
| Low-moderate income individuals benefited to date: |  |

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| **11.** Program Summary - **Briefly** describe the proposed program: |
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| **11-a** How is income verification determined to qualify for participation in the program? |
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| **Project Information continued** |

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| **12.** In the table below list the **PROJECTED** outputs (accomplishments for 12 Months) and CDBG expenditures per month for this program in 2024-25. Be specific, provide the total number of unduplicated individuals projected to benefit. |
| CDBG Expected Outputs (Accomplishments) |  | CDBG Anticipated Expenditures |
| **July 2024** |  |  |  |
| **August 2024** |  |  |  |
| **September 2024** |  |  |  |
| **October 2024** |  |  |  |
| **November 2024** |  |  |  |
| **December 2024** |  |  |  |
| **January 2025** |  |  |  |
| **February 2025** |  |  |  |
| **March 2025** |  |  |  |
| **April 2025** |  |  |  |
| **May 2025** |  |  |  |
| **June 2025** |  |  |  |
| ***CDBG*** *Total Outputs**(Accomplishments)* |  | ***CDBG*** *Total Anticipated Expenditures* |  |

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| **Financial**  |

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| **13.** Describe what financial system your organization uses to track program activity and grant usage. |
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| **14.** Please list and provide copies of any certifications or licenses applicable to this program. |
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| **15.** Will your organization spend more than $750,000 of Federal Funds in 2024? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. |
| **Yes** |  | **No** |  |

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| **16.** What was the date of the organization’s last audit? **Please provide a copy of the most recent full audit report**. |  |
| Were there any material defects? | **Yes** |  | **No** |  |
| If **yes**, please explain: |
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| **17.** How many years has your organization been receiving CDBG funds? |  |

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| **18.** Has your agency received CDBG funds for this specific program in the past? |
| **Yes** |  | **No** |  |

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| **Financial continued** |

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| **19.** Provide the 2024 total budget for this **program** from all sources | $ |
| List all funds received through the City of Evansville which are still open (i.e. COIT, Housing Trust Fund, CDBG, HOME etc.).  |
| **Project**  | **Year Received** | **Source of Funds** | **Amount Received** | **Outcome/Project Status** | **$ Funds Remaining** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
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| **20.** Provide the 2024 total budget for this **organization** from all sources: | $ |

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| **21.** Are there any fees associated with any services provided under this program? |
| **Yes** |  | **No** |  |
| If **yes**, please explain: |
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| **22.** List all positions and salaries for your program, regardless of funding source (include anyone employed by the agency who will be working on the program). **Attach copies of resumes for employees working on program at time of submission.** |
| **Position Title** | **# of Positions** | **Duties/Responsibilities for Projects** | **Total Annual Salary** | **CDBG Portion of Salary** |
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| **Financial continued** |

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| **23. CDBG Sources Statement** |
| **SOURCES** |
| **Source** | **2023 Amounts** | **2024 Amounts** | **Pending?** | **Date Applied** | **Secured** (yes or no) | **Date Secured** |
| **CDBG** |  |  |  |  |  |  |
| **United Way** |  |  |  |  |  |  |
| **Membership Dues** |  |  |  |  |  |  |
| **State Government** |  |  |  |  |  |  |
| **Total Fund-Raising/Donation***Documentation required* |  |  |  |  |  |  |
| **Total Grants***Documentation required* |  |  |  |  |  |  |
| **Other**  |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

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| **24. CDBG Uses Statement** |
| **USES** |
| **DO NOT CHANGE LISTED ITEMS BELOW****Added items must be approved by DMD** | **2023 CDBG BUDGET** | **2024 CDBG PROGRAM BUDGET REQUEST** | **2024****TOTAL PROGRAM****BUDGET** |
| **Salaries-Full and Part Time** |  |  |  |
| **FICA/Insurance/Benefits (employee)** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Supplies/ Materials** |  |  |  |
| **Printing, Postage, Publication** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel/Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance/Repair** |  |  |  |
| **Professional/Contractual Services** |  |  |  |
| **Subscription/Dues** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Construction, Rehabilitation, or Reconstruction** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other (requires DMD approval)** |  |  |  |
| **Total (s)**  |  |  |  |

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| ***The CDBG 2023 cell total on the SOURCES table should match the 2023 CDBG Budget column total on the USES table. The CDBG 2024 cell total on the SOURCES table should match the 2024 CDBG Program Budget Request column total on the USES table. The 2024 cell total on the SOURCES table should match the 2024 Total Program Budget column total on the USES table.*** |

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| **Financial continued** |

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| **25.** Describe your plans to use other funds on this program. In this section only describe funds which are **secured**. Provide the source of funds, dollar amounts and how these funds will be used. |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
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| **26.** Describe the agency’s plans to seek new funds to supplement CDBG funding. Describe other funding sources which the agency will apply, the dollar amount sought, and the proposed use of those funds. |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
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| **26.A.** Are there other funding sources contingent upon the amount awarded through this proposal? | **Yes** |  | **No** |  |

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| **Affiliations and Board Information** |

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| **27.** List Fund-Raising and/or Capital Campaign activities your organization has engaged in for this program during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors in these activities. |
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| **Affiliations and Board Information** **continued** |

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| **28.** List the Organization’s Officers of the Board of Directors and their complete mailing and email addresses and phone numbers. Do not use the organization address. Occasionally, information is sent directly to the Board. **Attach a separate list of Board Member names and positions at time of submission and a copy of the Policy and Procedures for Board Member participation.** |
| **President** | **Vice-President** |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| President Role |
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| Vice-President Role |
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| **Secretary** | **Treasurer** |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| Secretary Role |
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| Treasurer Role |
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| **29.** Does your Board target any positions toward low-to-moderate income individuals? | **Yes** |  | **No** |  |
| If yes, what percentage? |  % |

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| **30.** Describe the role your Board has in directing your organization’s operation. Also describe Board attendance at meetings and percentage of Board monetary or in-kind contributions. |
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