

CDBG-FY2023-2024 Application



City of Hartford Community Development Block Grant (CDBG) Application

FY 2023-2024 Timeline

Release Date: Monday January 30, 2023

Submission Deadline Tuesday February 28, 2023

Introduction

The City of Hartford is designated as an Entitlement Community by the U.S. Department of Housing and Urban Development (HUD), and is allocated grant funds on an annual basis to meet the needs of low-to-moderate income (LMI) individuals and households through the Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HOME Investment Partnerships Program (HOME), and the Housing Opportunities for People with AIDS (HOPWA) Programs. **Under the City's 2023-2024 CDBG program application process, eligible entities are invited to submit applications for Community Development Block Grant (CDBG) funding to carry out community development activities for the period July 1, 2023-June 30, 2024.**

Eligibility

Eligible entities:

- Community-based agencies serving low-moderate-income Hartford residents
- Current Proof of 501(c)(3) designation from IRS
- Incorporated with the Connecticut Secretary of State
- Current DUNS/ SAM Unique Entity ID (UEID)

Eligible activities:

- Meets one of HUD's National Objectives that Hartford has included in current 5 Year Consolidated Plan (e.g. benefits low-moderate income persons AND
- *Is an activity defined by HUD as eligible* (e.g. employment, youth or senior activities, job creation or retention activities, business and microenterprise assistance) AND
- *Is not an activity defined by HUD as ineligible* (e.g. purchase of equipment, operating and maintenance expenses, political activities, lobbying and income payments)

Official Instructions

Please download instructions online at: [Instructions for FY 2023-2024 CDBG application](#)

Section 1 Organization Contact Information

Provide information on who to contact with questions, the legally responsible person, the person running the program etc.

Organization Name Required Exact Legal Name

Program Name Required Title of the program for which you are seeking CDBG funds

Organization Street Address Required

Organization Phone Number Required

(860)-999-9999

City Required

ZIP Required

06103

DUNS # or SAM UEID Required

Federal TIN # Required

Organization Website Required

www.organization.org

Organization Email Required

info@organization.org

Staff Contact Information

Click to identify the role : 1. CEO/ED 2. Finance Officer 3. Program Contact. Complete the information and click ADD to enter the next position

Contact 1

Role (Select 1 option) Required

- ☐ CEO/Executive Director- Leads the organization. Is authorized to sign
- ☐ Financial Officer- Oversees the finances
- ☐ Lead Program Point of Contact

Name Required

Title Required

Phone #

(860) 999-9999

Email

Contact 2

Role (Select 1 option) Required

- ☐ CEO/Executive Director- Leads the organization. Is authorized to sign
- ☐ Financial Officer- Oversees the finances
- ☐ Lead Program Point of Contact

Name Required

Title Required

Phone #

(860) 999-9999

Email

Contact 3

Role (Select 1 option) Required

- ☐ CEO/Executive Director- Leads the organization. Is authorized to sign
- ☐ Financial Officer- Oversees the finances
- ☐ Lead Program Point of Contact

Name Required

Title Required

Phone #

(860) 999-9999

Email

Contact 4

Role (Select 1 option) Required

- ☐ CEO/Executive Director- Leads the organization. Is authorized to sign
- ☐ Financial Officer- Oversees the finances
- ☐ Lead Program Point of Contact

Name Required

Title Required

Phone #

(860) 999-9999

Email

Contact 5

Role (Select 1 option) Required

- ☐ CEO/Executive Director- Leads the organization. Is authorized to sign
- ☐ Financial Officer- Oversees the finances
- ☐ Lead Program Point of Contact

Name Required

Title Required

Phone #

(860) 999-9999

Email

Section 2 About Your Organization

Provide information on your organization's history, purpose and current status

Organization Mission/Vision Required

What is your Organization's purpose ? Its mission or vision ? If there is an official statement include it

Year Founded Required

1920

Full-time Staff Required

Part-time Staff Required

Volunteers Required

Current Year Budget(\$) Required e.g. \$ 100,000

Hartford Neighborhood- Your location and areas served (Select 1 or more options for each statement)

First column- Check the neighborhood that your organisation is located in

2nd column- Check the neighborhoods that your organization serves

	Organization Location	Services You Provide
Asylum Hill	<input type="checkbox"/>	<input type="checkbox"/>
Barry Square	<input type="checkbox"/>	<input type="checkbox"/>
Behind the Rocks	<input type="checkbox"/>	<input type="checkbox"/>
Blue Hills	<input type="checkbox"/>	<input type="checkbox"/>
Clay-Arsenal	<input type="checkbox"/>	<input type="checkbox"/>
Downtown	<input type="checkbox"/>	<input type="checkbox"/>
Frog Hollow	<input type="checkbox"/>	<input type="checkbox"/>
North Meadows	<input type="checkbox"/>	<input type="checkbox"/>
Northeast	<input type="checkbox"/>	<input type="checkbox"/>
Parkville	<input type="checkbox"/>	<input type="checkbox"/>
Sheldon-Charter Oak	<input type="checkbox"/>	<input type="checkbox"/>
South End	<input type="checkbox"/>	<input type="checkbox"/>
South Green	<input type="checkbox"/>	<input type="checkbox"/>
South Meadows	<input type="checkbox"/>	<input type="checkbox"/>
Southwest	<input type="checkbox"/>	<input type="checkbox"/>
Upper Albany	<input type="checkbox"/>	<input type="checkbox"/>
West End	<input type="checkbox"/>	<input type="checkbox"/>
Outside Hartford	<input type="checkbox"/>	<input type="checkbox"/>

% of services provided outside of Hartford Required e.g. 10%

- No more than 2 decimal places

Section 3 Alignment to HUD National Objectives

To receive CDBG funds, grantees must show that their project meets a High Priority National Need and a High Priority Goal. These are set every 5 years in the Consolidated Plan. The current plan began in 2020 and ends in 2024 ([HYPERLINK](#)). Each Goal/objective is measured by standard outcomes. The City demonstrates that it is in compliance with their goals (e.g. > 70% of funds must be allocated to projects that benefit low and mod income residents) by collecting data on the outcomes of the grants we award to the community. Written guidance regarding HUD national objectives and setting goals is included in the Official Application Instructions([HYPERLINK](#)). Below, please select which national objective your program addresses.

National Objectives (Select 1 option)

- ☐ Benefitting low-moderate income persons/households
- ☐ Preventing or eliminating slums or blight
- ☐ Meeting community urgent needs due to their immediate threat to health or welfare in cases where other financial resources are not available.

Section 4 About Your Program/Activity

Description of your program, target population, partners, value to the community **TOTAL : 31 Points**

Program Priority (Select 1 option) Required

For the current cycle, applications are encouraged for programs that either directly enhance the ability of residents to secure and maintain stable housing (e.g. eviction counseling, housing search, financial capability), or defray other costs that diminish the total income available for housing (e.g. affordable childcare, utilities programs, benefits screening, access to lower cost food outlets)

- ☐ Yes- seeking funds for this priority
- ☐ No - not seeking funds for this priority

Overview and Activity Description- Elevator Pitch Required Brief description of Program to be funded

Who will receive your services (Select 1 or more options) Required Check all that apply

- ☐ Individuals
- ☐ Families/Households
- ☐ Businesses

Total Target Program Enrollment (Estimated) Required

Number of actual, estimated or anticipated beneficiaries of this program/services

- Must be 1.0 or above

Demographics of Program Recipients (Estimated %) (Select 1 or more options for each statement) Required

	N/A	< 20%	21-40%	41-60%	61-80%	> 80%	Only serve
Gender-Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender-Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender-Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age-Elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity-Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity-White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity-Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity-Multi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Population-Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Population- Other abled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income- Low Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income- Moderate Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income-Other Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Planned Activities Required

List specific activites that beneficiaries will do in the program, or will receive by participating- e.g. 1. Mentoring by experienced entrepreneurs. 2. Transportation to camp.

How are your services delivered (Select 1 or more options) Required Check all that apply

- ☐ One-on-one
- ☐ Classroom
- ☐ Remote- ZOOM Webinar
- ☐ Home visits
- ☐ Written materials
- ☐ Referrals
- ☐ Other

Other

Other service delivery List other ways your service is delivered

How Often is Your Program/Activity Available (Frequency) (Select 1 option) Required

How often does your program operate

- ☐ Daily
- ☐ Few Days/Week
- ☐ Weekly
- ☐ Monthly
- ☐ Drop-in /occasionally
- ☐ Other

Other

How Long Does Your Program Run (Duration) (Select 1 option) Required

- ☐ < 1 month
- ☐ 2-6 months
- ☐ 7-12 months
- ☐ Summer months
- ☐ School Year
- ☐ On-going
- ☐ Other

Other Duration of Program

Problem Statement Required What is the problem, challenge or barrier that your program seeks to address.

Evidence of Need for Your Program Required

Provide data that confirms a need or demand for your services/program

e.g. X% of youth in Hartford have never visited a national forest. X% of small business owners do not use software to keep their books.

Participant Recruitment**Required**

How does your program identify and recruit participants to the program?

Best Practices (Select 1 or more options)**Required**

Please check the appropriate boxes. If your program has Best Practices for any of the following and describe the Best Practice

- ☐ Service Models
- ☐ Curriculum
- ☐ Other Evidence Based Practice
- ☐ No Best Practices

Answer this question if you made a selection that includes 'Service Models' in *Section 4 About Your Program/Activity > Best Practices*

Service Model- Best Practice Briefly describe the best practice

Answer this question if you made a selection that includes 'Curriculum' in *Section 4 About Your Program/Activity > Best Practices*

Curriculum- Best Practice Briefly describe the best practice

Answer this question if you made a selection that includes 'Other Evidence Based Practice' in *Section 4 About Your Program/Activity > Best Practices*

Other Evidence Based Best Practice Briefly describe the best practice

Partner Relationships Complete the information on each Partner (1. name, 2. MOU, 3.purpose)

Partner 1

Partner Name

MOU planned or in place (Select 1 option)

- ☐ Yes
- ☐ No

Purpose of Partnership Describe the activities and obligations with the partners

Partner 2

Partner Name

MOU planned or in place (Select 1 option)

- ☐ Yes
- ☐ No

Purpose of Partnership Describe the activities and obligations with the partners

Partner 3

Partner Name

MOU planned or in place (Select 1 option)

☐ Yes

☐ No

Purpose of Partnership Describe the activities and obligations with the partners

Partner 4

Partner Name

MOU planned or in place (Select 1 option)

☐ Yes

☐ No

Purpose of Partnership Describe the activities and obligations with the partners

Partner 5

Partner Name

MOU planned or in place (Select 1 option)

- ☐ Yes
- ☐ No

Purpose of Partnership Describe the activities and obligations with the partners

Unique or Special Program Qualities Required How does your program set itself apart from others?

Success Story (optional) Share a story of your programs impact

Section 5 Organizational Capacity

Questions about program staff and other questions about the capacity of the organization to provide services. **TOTAL: 19 Points**

Staff Qualifications

This section applies only to staff who will lead, manage and implement the program for which you are seeking CDBG funds. You will have the opportunity to include staff in each of the three roles listed. Check the box for the staff role and provide information for at least one person in that role. When finished click on ADD and continue with information for staff in the next role.

Role 1

Role (Select 1 option)

- ☐ Program Lead
- ☐ Front Line Staff
- ☐ Finance Manager/Admin

Name Required

Title Required

Calendar Years of Work Experience Required e.g 2010-2022

Calendar Years of Organization Experience Required e.g 2010-2022

Calendar Years of Program Experience Required e.g 2010-2022

Qualifications Required

Describe the most important qualification(s) of this person. What makes this person effective in their role

Resume Upload



Please attach all files to the end of this form before submitting it.

Role 2

Role (Select 1 option)

- ☐ Program Lead
- ☐ Front Line Staff
- ☐ Finance Manager/Admin

Name Required

Title Required

Calendar Years of Work Experience Required e.g 2010-2022

Calendar Years of Organization Experience Required e.g 2010-2022

Calendar Years of Program Experience Required e.g 2010-2022

Qualifications Required

Describe the most important qualification(s) of this person. What makes this person effective in their role

Resume Upload



Please attach all files to the end of this form before submitting it.

Role 3

Role (Select 1 option)

- ☐ Program Lead
- ☐ Front Line Staff
- ☐ Finance Manager/Admin

Name Required

Title Required

Calendar Years of Work Experience Required e.g 2010-2022

Calendar Years of Organization Experience Required e.g 2010-2022

Calendar Years of Program Experience Required e.g 2010-2022

Qualifications Required

Describe the most important qualification(s) of this person. What makes this person effective in their role

Resume Upload

Please attach all files to the end of this form before submitting it.

Role 4**Role (Select 1 option)**

- ☐ Program Lead
- ☐ Front Line Staff
- ☐ Finance Manager/Admin

Name Required

Title Required

Calendar Years of Work Experience Required e.g 2010-2022

Calendar Years of Organization Experience Required e.g 2010-2022

Calendar Years of Program Experience Required e.g 2010-2022

Qualifications Required

Describe the most important qualification(s) of this person. What makes this person effective in their role

Resume Upload



Please attach all files to the end of this form before submitting it.

Role 5

Role (Select 1 option)

- ☐ Program Lead
- ☐ Front Line Staff
- ☐ Finance Manager/Admin

Name Required

Title Required

Calendar Years of Work Experience Required e.g 2010-2022

Calendar Years of Organization Experience Required e.g 2010-2022

Calendar Years of Program Experience Required e.g 2010-2022

Qualifications Required

Describe the most important qualification(s) of this person. What makes this person effective in their role

Resume Upload



Please attach all files to the end of this form before submitting it.

Other Organizational Capacity Questions (Select 1 option for each statement) Required

	Yes	No
Do you have a current employee manual that you use?	<input type="radio"/>	<input type="radio"/>
Do you have an HR Administrator?	<input type="radio"/>	<input type="radio"/>
Do you offer professional development/specialized training for front line staff	<input type="radio"/>	<input type="radio"/>
Is anyone on your staff trained on compliance with Federal regulation 2 CFR 200?	<input type="radio"/>	<input type="radio"/>
Do you have/maintain an accounting manual?	<input type="radio"/>	<input type="radio"/>
Do you use accounting/bookkeeping software?	<input type="radio"/>	<input type="radio"/>

How many years experience does your organization have administering Federal Funds? Required

insert the number of years your organizations has been awarded Federal grants/funding. If you have no experience place a 0 in the box.

- Must be 0.0 or above

Section 6 Measuring Results

How has and does your program evaluate its results. Check the program history box that describes your program and complete the cost and metrics section. For the current year, if data is not yet available provide estimates **Total: 30 points**

Program History and Funding (Select 1 option) Required

- ☐ Program has received CDBG funding within the past three years
- ☐ Program has received funding, but not from CDBG with the past three years
- ☐ Program is new this year

Breakdown of Costs and Assessment Metrics

For each of the three program years listed that your program has been in operation and received funding, complete the information requested. Funding Year 1 = FY2020-FY2021

Funding Year 1

Program Year (Select 1 option) Required Select the program year(s) you received CDBG funding

- ☐ FY2020 -FY2021
- ☐ FY2021-FY2022
- ☐ FY2022-FY2023

Program Name Required

Answer this question if you selected 'Program has received CDBG funding within the past three years' in *Section 6 Measuring Results > Program History and Funding*

CDBG Funding Received Required

Total Program Cost (\$) Required Including all sources of funds

Total # of Hartford Participants/Businesses Served Required

Additional metrics being used to measure success in your program**Required**

Please add all measures you are using to show your program's progress/success. List the metric (number, percent, average etc) and a description of how it is tracked. Examples include:

1. # or % of participants who complete the activity. Data comes from attendance and surveys
2. # of loans issued to businesses-Each business completes and signs a Contract
3. # of homes/apartment repairs completed- Database is kept of each location of repair and work contracts

Method of data collection (Select 1 or more options)**Required**

- ☐ Survey
- ☐ Sign-in/enrollment sheets
- ☐ Intake form
- ☐ pre/post tests
- ☐ Agency data
- ☐ Other

Other**Other method of data collection (describe)**

Funding Year 2**Program Year (Select 1 option)****Required**

Select the program year(s) you received CDBG funding

- ☐ FY2020 -FY2021
- ☐ FY2021-FY2022
- ☐ FY2022-FY2023

Program Name Required

Answer this question if you selected 'Program has received CDBG funding within the past three years' in *Section 6 Measuring Results > Program History and Funding*

CDBG Funding Received Required

Total Program Cost (\$) Required Including all sources of funds

\$

Total # of Hartford Participants/Businesses Served Required

Additional metrics being used to measure success in your program Required

Please add all measures you are using to show your program's progress/success. List the metric (number, percent, average etc) and a description of how it is tracked. Examples include:

1. # or % of participants who complete the activity. Data comes from attendance and surveys
2. # of loans issued to businesses-Each business completes and signs a Contract
3. # of homes/apartment repairs completed- Database is kept of each location of repair and work contracts

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Method of data collection (Select 1 or more options) Required

- ☐ Survey
- ☐ Sign-in/enrollment sheets
- ☐ Intake form
- ☐ pre/post tests
- ☐ Agency data
- ☐ Other

Other

Other method of data collection (describe)

Funding Year 3

Program Year (Select 1 option) Required Select the program year(s) you received CDBG funding

- ☐ FY2020 -FY2021
- ☐ FY2021-FY2022
- ☐ FY2022-FY2023

Program Name Required

Answer this question if you selected 'Program has received CDBG funding within the past three years' in *Section 6 Measuring Results > Program History and Funding*

CDBG Funding Received Required

Total Program Cost (\$) Required Including all sources of funds

\$

Total # of Hartford Participants/Businesses Served Required

Additional metrics being used to measure success in your program Required

Please add all measures you are using to show your program's progress/success. List the metric (number, percent, average etc) and a description of how it is tracked. Examples include:

1. # or % of participants who complete the activity. Data comes from attendance and surveys
2. # of loans issued to businesses-Each business completes and signs a Contract
3. # of homes/apartment repairs completed- Database is kept of each location of repair and work contracts

Method of data collection (Select 1 or more options) Required

- ☐ Survey
- ☐ Sign-in/enrollment sheets
- ☐ Intake form
- ☐ pre/post tests
- ☐ Agency data
- ☐ Other

Other

Other method of data collection (describe)

Section 7 Program Request and Budget

Provide information on your program budget as well as your plans for ongoing sustainability. This section is specific to the program you are seeking to fund with CDBG, not the overall organization budget.

TOTAL : 20 points

Downlaod and complete [This Budget Form](#) which you will complete and upload below. Provide a breakdown of all sources of funding that will be used to operate your program (**NOT** for the overall organization) including the CDBG request. Include anticipated/committed funding sources and CDBG specific anticipated expenditures. Lines can be added to the EXCEL budget form to accomodate additional entries if needed.

Upload Completed Budget Form Required



Please attach all files to the end of this form before submitting it.

Other Funding Sources Required

If there are other identified funding sources not listed in the Budget Template OR the program relies on Program Income or other sources of Revenue, please use the space below to describe these sources and the funding amount.

Budget Narrative

For each of the CDBG Expense Line Items, please provide a description of how the cost was determined and how that Expense Line Item enhances or supports the program.

Expense Item 1

Expense Description and Calculation Required

How does this Expense Enhance or Support the Program Required

Expense Item 2

Expense Description and Calculation Required

How does this Expense Enhance or Support the Program Required

Expense Item 3

Expense Description and Calculation Required

How does this Expense Enhance or Support the Program Required

Expense Item 4

Expense Description and Calculation Required

How does this Expense Enhance or Support the Program Required

Expense Item 5

Expense Description and Calculation Required

How does this Expense Enhance or Support the Program Required

Program Sustainability Required

Describe the organization's strategy for long-term funding of this program. Explain why CDBG funds are needed at this time.

Impact of CDBG funding Required

Describe how the program would be impacted if CDBG funding was not awarded or significantly less than the \$ amount requested. Will this program/activity continue without CDBG funding?

Section 8 Unanswered Questions

Further Explanation

Should there be fields that were not completed or labelled N/A, please provide any information that will further clarify your situation.

Section 9 File Upload and Checklist

Document Name (Select 1 or more options) Required

Required Documents - The following documents must be included at the time of submission. See Official Instructions for information on submitting #1-7 must be submitted with this application. Use the check button to document its upload

☐

1. City of Hartford Grantee Certification and Official Application Signature (signed and dated)

☐

2. City of Hartford Tax/Financial Certification and Declaration of Delinquencies (signed and dated)

☐

3. City of Hartford Maintenance of Insurance Certification (signed and dated)

☐

4. City of Hartford EEO Report (signed and dated)

☐

5. Organization's Board of Director's List (current as of application date)

☐

6. Organization's 501(c)(3) designation from IRS

☐

7. Organization's proof of incorporation from the CT Secretary of State

☐

8. Organization's single audit report for its most recent fiscal year (either 2021 or 2022); OR Organization's financial statement for the most recent fiscal year.

1. City of Hartford Grantee Certification and Official Application Signature (signed and dated) Required



Please attach all files to the end of this form before submitting it.

2. City of Hartford Tax/Financial Certification and Declaration of Delinquencies (signed and dated) Required



Please attach all files to the end of this form before submitting it.

3. City of Hartford Maintenance of Insurance Certification (signed and dated) Required



Please attach all files to the end of this form before submitting it.

4. City of Hartford EEO Report (signed and dated) Required



Please attach all files to the end of this form before submitting it.

5. Organization's Board of Director's List (current as of application date) Required



Please attach all files to the end of this form before submitting it.

6. Organization's 501(c)(3) designation from IRS Required



Please attach all files to the end of this form before submitting it.

7. Organization's proof of incorporation from the CT Secretary of State Required



Please attach all files to the end of this form before submitting it.

8. Organization's single audit report for its most recent fiscal year (either 2021 or 2022); OR Organization's financial statement for the most recent fiscal year. Required



Please attach all files to the end of this form before submitting it.

Section 10 Complete Application Certification

Please use the certification tool below to indicate that your application is complete and correct, and that you are authorized to submit the requested information and documentation. If the application is not yet complete, or if you do not agree to the certification (below), do not yet complete Section 10. Completion of Section 10 is required prior to submission. No application will be accepted without Section 10 fully completed.

In connection with its CDBG Application for Program Year 49, Required I ,

FULL NAME, TITLE

of Required

ORGANIZATION NAME

as of Required DATE (MMDD/YYYY)

- Must be between 30 January 2023 and 28 February 2023

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

hereby certify that I am duly authorized to negotiate, execute and deliver agreements, documents and other instructions in the name of and on behalf of the Organization submitting this application for funding assistance, and that the information contained in this application is, to the best of my knowledge, true, correct, complete and represents under penalty of law the true intended usage of the funds for which the application is being submitted and a true expression of the authority of the signatory and the Applicant and its intention to comply with all terms of this application and any Contract for funding awarded pursuant hereto.

By clicking "I agree", I hereby finalize this application and agree to its Section 10 certification. I also attest that I have, to the best of my knowledge, attached electronic copies of all required documents and any optional documents. I also intend to, or have already, delivered physical copies of required application materials and documents, as detailed in the Official Instructions for this application, to the City of Hartford prior to listed application submission deadline.

(Select 1 or more options)

Required

☐ I agree

End of form

Don't forget to attach all files before submitting this form