

CDBG Application

Screenshots of the CDBG Application
(online). Sequencing pages from
beginning to end.

CDBG FY24-25 Application



My progress: 0%

CDBG FY24-25 Application

FY 2024-2025 Timeline

Release Date:

Saturday, January 13, 2024 @ 12:00AM EST

Submission Deadline:

Wednesday, February 14, 2024 @ 11:59PM EST

Back

Save

Continue

CDBG FY24-25 Application



My progress: 7%

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 2024-2025 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, 2024-June 30, 2025.**

Back

Save

Continue

CDBG FY24-25 Application



My progress: 14%

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 SAM Unique Entity ID (UEI)

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)

Back

Save

Continue

CDBG FY24-25 Application



My progress: 21%



Official Instructions

Please download instructions online at: [Application Instructions](#)

Back

Save

Continue

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**

City **Required**

ZIP **Required**

Federal UEI **Required**

Visit <https://sam.gov/content/duns-uei> for more information.

Federal TIN/EIN# **Required**

Please enter the Tax Identification Number (TIN) / Employer Identification Number (EIN), including the dash

Maximum 10 characters (10 remaining)

Organization Website **Required**

Organization Email **Required**

This email address will be used to send a receipt and the PDF file after submission

Confirm email address

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 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 #

Email Required

Remove

Add

CDBG FY24-25 Application



My progress: 36%

Section 2 About Your Organization

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

Mission / Vision Statement **Required**

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

Maximum 1000 characters (1000 remaining)

Year Founded **Required**

Full-time Staff **Required**

Part-time Staff **Required**

Volunteers **Required**

Current Year Budget (\$) **Required**

Maximum 12 characters (12 remaining)

Hartford Neighborhood: Check the neighborhood(s) where your organization is located **Required**

- Asylum Hill
- Barry Square
- Behind the Rocks
- Blue Hills
- Clay-Arsenal
- Downtown
- Frog Hollow
- North Meadows
- Northeast
- Parkville
- Sheldon-Charter Oak
- South End
- South Green
- South Meadows
- Southwest
- Upper Albany
- West End
- Outside Hartford

Hartford Neighborhood: Check the neighborhood(s) where your organization provides services **Required**

- Asylum Hill
- Barry Square
- Behind the Rocks
- Blue Hills
- Clay-Arsenal
- Downtown
- Frog Hollow
- North Meadows
- Northeast
- Parkville
- Sheldon-Charter Oak
- South End
- South Green
- South Meadows
- Southwest
- Upper Albany
- West End
- Outside Hartford

CDBG FY24-25 Application



My progress: 43%

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. 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

- 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.

Back

Save

Continue

CDBG FY24-25 Application



My progress: 50%

Section 4 About Your Program/Activity

Description of your program, target population, partners, value to the community.

TOTAL : 31 Points

Program Priority 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

Maximum 650 characters (650 remaining)

Who will receive your services Required

Check all that apply

- Individuals
- Families/Households
- Businesses

Total Target Program Enrollment (Estimated) Required

Number of actual, estimated or anticipated beneficiaries of the program/services.

Planned Activity #1: Required

Please list each activity that you have planned for the program.

- Description of activity: please be as specific as possible

e.g. 1. Mentoring by experienced entrepreneurs. 2. Transportation to camp.

Planned Activity #2:

Please list each activity that you have planned for the program.

- Description of activity: please be as specific as possible

e.g. 1. Mentoring by experienced entrepreneurs. 2. Transportation to camp.

Planned Activity #3:

Please list each activity that you have planned for the program.

- Description of activity: please be as specific as possible

e.g. 1. Mentoring by experienced entrepreneurs. 2. Transportation to camp.

Planned Activity #4:

Please list each activity that you have planned for the program.

- Description of activity: please be as specific as possible

e.g. 1. Mentoring by experienced entrepreneurs. 2. Transportation to camp.

How are your services delivered? **Required**

Check all that apply

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

How Often is Your Program/Activity Available (Frequency) **Required**

How often does your program operate

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

How Long Does Your Program Run (Duration) **Required**

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

Problem Statement **Required**

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

Maximum 1500 characters (1500 remaining)

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.

Maximum 900 characters (900 remaining)

Participant Recruitment Required

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

Maximum 900 characters (900 remaining)

Best Practices Required

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

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

Partner Relationships

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

Partner Relationships

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

Partner 1 ^

Partner Name

MOU planned or in place

Yes

No

Purpose of Partnership

Describe the activities and obligations with the partners

Remove

Add

Unique or Special Program Qualities Required

How does you program set itself apart from others?

Maximum 1500 characters (1500 remaining)

Success Story (optional)

Share a story of your programs impact

Maximum 1500 characters (1500 remaining)

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

Program Lead

Front Line Staff

Finance Manager/Administrator

Name **Required**

Title **Required**

Calendar Years of Work Experience **Required**
e.g 2010-2023

Calendar Years of Organization Experience **Required**
e.g 2010-2023

Calendar Years of Program Experience **Required**
e.g 2010-2023

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

Resume Upload

Select file

Max file size: 1024 MB
Max number of files: 10 files

Remove

Add

Other Organizational Capacity Questions 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.

0

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 Required

- Program has received CDBG funding within the past three (3) years
- Program has received funding, but not from CDBG within the past three (3) 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 Required

Select the program year(s) you received funding

- FY2021-FY2022
- FY2022-FY2023
- FY2023-FY2024
- Not previously funded

Program Name Required

Total Program Cost (\$) Required

Including all sources of funding.

Total # of Hartford Participants/Businesses Served Required

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

Download 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 accommodate additional entries if needed.

Program Funding Sources

Upload Completed Budget Form Required

Select file



Drop a file to upload it

Max file size: 1024 MB

Max number of files: 1 file

Other Funding Sources

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.

Maximum 3000 characters (3000 remaining)

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

Maximum 400 characters (400 remaining)

How does this Expense Enhance or Support the Program? Required

Maximum 1000 characters (1000 remaining)

Remove

Add

Program Sustainability Required

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

Maximum 3000 characters (3000 remaining)

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?

CDBG FY24-25 Application



My progress: 79%



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.

Maximum 1500 characters (1500 remaining)

Back

Save

Continue

CDBG FY24-25 Application



My progress: 86%

Section 9 File Upload and Checklist

Document Name Required

Required Documents: The following documents must be included at the time of submission. See Official Instructions for information on submitting #1-8 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.

Back

Save

Continue

Section 10 Acknowledgements and Electronic Signature

The undersigned hereby certifies that s/he is duly authorized to negotiate execute and deliver agreements, documents and other instruments 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 his/her knowledge, true, correct, complete, and represents under penalty of law the true intended usage of the funds for which the application is being submitted.

Please type your full name here, and sign in the box below. **Required**

Maximum 50 characters (50 remaining)

I hereby further acknowledge and attest that the information provided in this application is true to the best of my knowledge. **Required**


- Draw signature below Upload photo of signature

Name of signatory:

Once you click "Submit", the final application will be sent and information cannot be changed. You will receive an e-mail confirmation with your answers attached. Please confirm below you are ready to submit the application.

- I acknowledge all answers are final, and I am ready to submit my application.

Please complete the following:

<input type="checkbox"/> I'm not a robot	 reCAPTCHA Privacy - Terms
------------------------------------------	---------------------------------------------------------------------------------------------------------------------