



# CDBG

community development block grant program



**FUNDING APPLICATION FOR PROGRAM YEAR 50 (JULY 1, 2024 – JUNE 30, 2025)**

**PLEASE REFER TO THE CDBG APPLICATION GUIDE WHEN COMPLETING YOUR APPLICATION.**

## Part I. Agency & Project Summary Information

**A. Contact & Organizational Information** (If application is completed by a Collaborative, provide the lead entity contact only)

**Agency/Organization:**

**Contact Name:**

**Title:**

**Mailing Address:**

**Email Address:**

**Phone:**

**Universal Entity Identifier (UEI)#:**

All entities receiving federal assistance must have a UEI #.

**Registered on SAM.gov?**  Yes  No

All entities receiving federal assistance must be registered on SAM.gov

**Please Identify the Type of Organization Applying for Funds** (Note: More than one may apply)

501(c)3

For-profit authorized under 570.201(o)

Faith-based Organization

Unit of Government

Institution of Higher Education

**Collaborative Partners:** If this application is being submitted on behalf of a collaborative please identify all partnering agencies here.

## B. Project Information

**Project Name:**

**Is this project new to your organization?**

Yes  No

**Anticipated Start Date:**

**Anticipated End Date:**

**Amount of Request:**

**Project Address(es):**

## C. Eligibility

**National Objectives:** This project/activity must meet **ONE** of the HUD National Objectives listed below. Please check **ONE** box.

**Low/Moderate Income Benefit:**

**Low/Moderate Income Area Benefit (LMA):** the activity meets the needs of persons residing in a specific area where at least 33.67% of the residents make a low- or moderate-income. Please refer to the map located at <https://geomap.ffiec.gov/FFIECGeocMap/geocodeMap1.aspx> to determine your activity's census tract code. Census Tract: \_\_\_\_\_

**Low/Moderate Limited Clientele (LMC):** the activity benefits a group of persons (rather than residents in a particular area) 51% of whom themselves or their family make a low- or moderate-income. The following groups are presumed to be eligible: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults and persons living with AIDS

**Low/Moderate Housing (LMH):** the activity provides or improves permanent residential structures which, upon completion, will be occupied by households that make a low- or moderate-income. This includes but is not limited to acquisition or rehabilitation. Housing can be either owner or renter occupied units in one family or multi-family structures.

**Low/Moderate Jobs (LMJ):** the activity creates or retains permanent jobs, of which 51% are held by LMI-earning persons.

**Slum/Blight:**

**Slum or Blighted Area (SBA):** the project is in a designated slum/blighted area as defined under State or local law and will address conditions that qualified the area as slum or blighted.

**Spot Blight (SBS):** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.

**Urgent Need:**

**Urgent Need:** the activity alleviates emergency conditions. Please note: use of Urgent Need national objective is rare.

**Beneficiaries:**

**Will all clients be residents of Arlington? If not, please provide a percentage of non-Arlington residents.**

All beneficiaries are Arlington residents

\_\_\_\_\_ % of beneficiaries are Arlington residents

**Does your project benefit any of the following demographics?**

Abused children

Elderly persons (age 62 and older)

Battered spouses

Homeless persons

Severely disabled adults (as defined by Bureau of Census\*)

Illiterate adults

Persons living with AIDS

Migrant farm workers

Other (please specify): \_\_\_\_\_

**Nationally Reportable Outputs:** Please indicate the number of outputs expected for one or more categories.

Persons Served: \_\_\_\_\_

Households Assisted: \_\_\_\_\_

Jobs Created: \_\_\_\_\_

Businesses Assisted: \_\_\_\_\_

**D. Project Summary**

**Brief Project Description:** Please share a brief “elevator pitch” summary of your project. Please avoid using abbreviations or acronyms.

**Returning Applicants:** Provide an assessment of your performance last year. Identify strengths, weaknesses, challenges, and opportunities, and how your organization will build upon and/or address these this year.

**Performance Evaluation Plan:** Explain your plan for evaluating the progress and results of your project. What quantitative and/or qualitative methods will be used?

**Town of Arlington Goals:** Does the project support or advance any goals established in the Town of Arlington's plans? Please select all plans that apply and specify which goal or strategy within the plan that the project supports.

- Town of Arlington Master Plan       Fair Housing Action Plan       Net Zero Plan
- Housing Plan       Open Space & Recreation Plan       Other \_\_\_\_\_
- Connect Arlington Sustainable Transportation Plan

Please explain which goals and/or strategies the proposed project advances:

**Consolidated Plan Goals and Objectives**

Which Consolidated Plan Goal does your project align with? (select one)

- Improve the Condition of Existing Housing: Provide decent, affordable housing
- Increase Economic Development Opportunities: Create economic opportunities
- Enhance Parks, Public Facilities, and Infrastructure: Create suitable living environments
- Increase Access to Jobs, Education, Transportation, and Other Services: Create suitable living environments

**Geographic Distribution of Activities:** (Town wide or Census Tract)

If the geographic distribution is in a specific area, please note below.

- Town wide
- Specific Area – Which block group(s)/census tract(s) is/are the project located in?

**Community Availability:**

Is the proposed project available from any other providers in the community?

- No, not available from other providers in the community
- Yes, available from other providers in the community (please explain \_\_\_\_\_)

**E. Attachments**

The following attachments must accompany this proposal:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency’s most recent financial audit
- One (1) copy of agency’s MA Certificate of Good Standing

The following attachments are optional and may be used to supplement your proposal:

- Letters of Support
- Resumes, brochures, newspaper articles, or other organizational marketing materials

## Part II. Project Budget

Please provide a budget for the proposed project, using Table A OR Table B, and Table C as applicable. Include all proposed expenses and funding sources in detail. Upon notification of a project's acceptance, the Town may request a detailed budget.

### A. Non-Construction Projects/Activities (Public Services, Economic Development)

| Description                  | A                    | B             | A+B                   |
|------------------------------|----------------------|---------------|-----------------------|
|                              | CDBG Funds Requested | Other Funding | Total Proposed Budget |
|                              |                      |               |                       |
|                              |                      |               |                       |
|                              |                      |               |                       |
|                              |                      |               |                       |
|                              |                      |               |                       |
| <b>TOTAL PROPOSED BUDGET</b> |                      |               |                       |

### B. Construction Projects (Housing, Public Facilities) Note: Federal wage rates may apply for some construction projects. Applicants are strongly advised to speak with Town of Arlington staff before submitting an application for a physical project.

| Description                  | A                    | B             | A+B                   |
|------------------------------|----------------------|---------------|-----------------------|
|                              | CDBG Funds Requested | Other Funding | Total Proposed Budget |
| Construction                 |                      |               |                       |
| Acquisition                  |                      |               |                       |
| Appraisals/Studies           |                      |               |                       |
| Design                       |                      |               |                       |
| Other:                       |                      |               |                       |
| Other:                       |                      |               |                       |
| <b>TOTAL PROPOSED BUDGET</b> |                      |               |                       |

### C. Summary of Other Funding: Please indicate the amount and type of additional funding committed or pending for this project, if applicable. (Do not include CDBG amounts requested in this application)

| Funding Source | Amount | Committed or Pending |
|----------------|--------|----------------------|
| Other Federal: |        |                      |
| State:         |        |                      |
| Local:         |        |                      |
| Private:       |        |                      |
| Total:         |        |                      |

Applicants may use this space to share more information about secured or pending leveraged funds and in-kind support.

### D. Cost-Benefit Analysis: Describe how the CDBG costs of your proposed project relate to the beneficiaries of the project. Divide the funding request by the estimated number of people served by this program. Example: \$10,000 funding request /100 proposed beneficiaries= \$100 per beneficiary.

TOTAL CDBG REQUEST AMOUNT:    \$ \_\_\_\_\_ = \$ \_\_\_\_\_ PER BENEFICIARY  
 TOTAL NUMBER OF PROPOSED BENEFICIARIES:    # \_\_\_\_\_

### E. Funding Availability: If your project is funded at a lower amount than requested, can it feasibly be carried out? Please explain.

## Part III. Project Narrative Table

Using the prompts and questions provided on page 6 of the Application Guide, complete the table below.

| A. NEED STATEMENT       |                        |
|-------------------------|------------------------|
|                         |                        |
| B. GOAL                 |                        |
|                         |                        |
| C. INPUTS               |                        |
|                         |                        |
| D. ACTIVITIES           |                        |
|                         |                        |
| E. OUTPUTS              |                        |
|                         |                        |
| F1. SHORT-TERM OUTCOMES | F2. LONG-TERM OUTCOMES |
|                         |                        |