



**HAMILTON COUNTY**  
INDIANA

# Hamilton County, Indiana

## Community Development Block Grant Program

### Application for PY 2022 Funding

#### **DEADLINE SUBMISSION DATE**

**June 2, 2022 at 3:00PM**

**E-Mail completed application to:**

Mary Shaw at [CDBG@goNHA.org](mailto:CDBG@goNHA.org)

**Do not print and scan your application for submission. Some of the text fields may be lost while printing. Submit your application using the original PDF form. We will accept digital signatures. Please include a short name of your organization in the file name of the PDF form when you are saving and submitting your PDF application. (i.e. - "PY22\_CDBG\_Great\_Org\_App") Attachments may be one or several PDF files.**

**Incomplete or late applications will not be considered for funding. Email the above address if you need further information on the application requirements.**

# Section I

## Application Information

APPLICATION SUMMARY	
<b>Full Legal Name of Applicant:</b>	
<b>Program/Project Name:</b>	
<b>Street Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Contact Person:</b>	
<b>Title:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Is this Project/Program:</b> <input type="checkbox"/> Existing  <input type="checkbox"/> New  <input type="checkbox"/> Pilot Program	<b>LEGAL STATUS</b> <input type="checkbox"/> Municipality/County <input type="checkbox"/> Non-Profit  Federal EIN: _____ Unique Entity ID (UEI #): _____
<p style="text-align: center;"><b><i>To the best of my knowledge and belief all data in this application is true and current. The document has been duly authorized by the governing board of the applicant.</i></b></p> <p>Certifying Official: _____ Title: _____</p> <p>Date: _____</p>	

[\\*How to update and renew your UEI # in SAM.gov\\*](#)

*Funds Requested:* Please list below the amount of CDBG funding for which you are applying.  
 \$ \_\_\_\_\_

### Past CDBG Awards

What is the amount of CDBG funds your agency has received in the past four years?

	PY 2021	PY 2020	PY 2019	PY 2018
CDBG	\$	\$	\$	\$

**Note: Applicants should not change the formatting of the application. Please provide your responses in the space provided directly following each question.**

# Section II

## Project Need & Description

### Project Description

1. Provide a title for the project (10 word max).
  
2. Provide a brief summary of the community need for the project/program. (250 word max).
  
3. Provide a detailed description of the project/program (500 word max).
  - a. Include the physical location of where project activities will occur.
  - b. The description should identify all activities, tasks, services and denote which will be supported with CDBG funds.
  - c. Please include specific, quantified project goals and objectives. For example: project will assist 25 seniors living in Noblesville with meals. Project will provide access to new sidewalks for 15 low-income households in Fishers.
  - d. Please include maps identifying the project location (for construction projects only) or other supporting materials that provide context for project activities as attachments.

4. What type of CDBG activity is your project? (Choose one) Please see 24 CFR 570 for more details on categorizing your project appropriately.

Public Service §570.201 (e)

Acquisition of Real Property §570.201 (a)

Rehabilitation of Residential and Non-Residential Structures §570.202

Public Facilities and Improvements §570.201 (c)

Other  \_\_\_\_\_

4.a. If you checked Public Service above is this a new service provided by your organization?

4.b. If the service is not new, will the existing public service activity level be substantially increased or improved? Provide details of how it will be increased or improved. For increase in service provide data on the past three years illustrating service level and provide estimate for increase in service.

5. Explain why the program activities are the right strategies to use to achieve the intended outcome?

6. How did your organization use community and/or participant input in planning the program design and/or activities?

## Project Benefit

7. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community location or other characteristic of the population this project/program intends to serve.
  
8. How will you reach the targeted population?
  
9. Beneficiary Type, please choose either subcategory a, b, c, or d.
  - a.  Area Benefit: The project or facility is available to all persons located within an area where at least 51% of the residents are low/moderate income. Please provide a map of the project area and documentation showing the census tract number and universal LMI percentage for the defined project area.
  - b.  Limited Clientele: The project serves a specific population (e.g., services for seniors, homeless, severely disabled adults, homeless persons, illiterate adults, migrant farm workers, abused children, persons with AIDS or battered spouses); or where at least 51% of clients served are LMI.
  - c.  Housing Benefit: Housing structures must be occupied by LMI households.
  - d.  Jobs Benefit: Activities must create or retain permanent jobs and 51% of the jobs created/retained must be available to or held by LMI persons.
  
10. Select which Funding Priority that you are applying for:
  - a.  Homelessness Assistance.
  - b.  Affordable Housing.
  - c.  Assistance to Elderly or Disabled persons.

d.  Food / Household Goods Assistance (i.e. meal and essential goods delivery, food bank assistance, etc.

e.  Other. Please describe activity:

11. Benefit to low and moderate-income persons must be documented. How will your organization document the benefit chosen above? (check only one box - a, b, c, or d )

a.  You will receive income data verification from each LMI participant in the program. Please attach sample documentation of how you will document, income, race and ethnicity of clientele, i.e. worksheets, intake forms, etc.

b.  Your project/activity serves only a limited area (Area Benefit) which is proven by most recent American Community Survey data. See attached eligible tracts.

Census Tract # \_\_\_\_\_ Block Groups# \_\_\_\_\_

c.  Your project/activity serves only a limited area (Area Benefit) which is proven by a HUD approved survey instrument. All surveys must be approved by HUD prior to implementing the survey, attach a copy of the survey instrument.

d.  You will receive verification from each Limited clientele, as described in 9.b. above, participant in the program. Please attach sample documentation of how you will document race and ethnicity of clientele, i.e. worksheets, intake forms, etc.

### Proposed Outcomes

12. What are the intended outcomes for this project/program?

13. How will beneficiaries benefit as a result of participation?

14. List your goals/objectives and activities that will take place to implement the project/program and the associated proposed outcomes.

15. Provide the project/program benchmarks you hope to achieve in PY 2022.  
For example, how many unduplicated persons will be served, how many homes assisted, how many jobs created or retained, how many linear feet of sidewalks constructed, etc. How will you measure and evaluate the success of the project/program to meet the goals/objectives (measures should be both qualitative and quantitative)? *Do not inflate your estimates - the numbers provided will be used to assess your proposed project's success.*
  
16. Will this project have a long-term benefit for program participants/beneficiaries? Please explain.

### Workplan, Timeline and Milestones

17. Provide a work plan detailing how the project will be organized, implemented and administered. Include a timeline and milestones from initiation through project completion.

## Staff Roles and Responsibilities

18. Description of the management of your program/project, include name, job title, job description and qualifications. Attach any supporting documentation if necessary.

<b>Name</b>	<b>Job Title</b>	<b>Job Description</b>	<b>Qualifications</b>



## Income Eligibility

19. Discuss how the project directly benefits low and moderate-income residents.

20. For the project/program, please provide an estimate on how beneficiaries will breakout into the income categories listed in the table below, during the total grant period. See attached income limits chart.

<b>Income Group</b>	<b>Number of Beneficiaries</b>
< 30% of AMI	
31-50% AMI	
51-80% AMI	
> 80% AMI	
<b>Total</b>	

**PLEASE NOTE:** CDBG funds can only be used to **reimburse** for services to low- and moderate-income residents within the Hamilton County CDBG Program Area. An eligible program may assist persons over 80% median incomes, but at least 51% overall must be below the 80% median income to be eligible for CDBG funding. **For LMI clientele, income documentation must be retained and reported for all served in order to determine the percent of low/moderate income. Income documentation must be made available to Hamilton County and its agents in order to verify program eligibility.**

## Organizational Capacity

21. Describe your organization's experience in managing and operating projects or activities funded by CDBG or other Federal sources. Include within the description a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program.

22. For what period of time has this organization provided the proposed services?

23. What services, other than those proposed in this proposal does the organization provide?

24. If the organization does not have experience in providing the proposed service, what experience and success has the organization had in carrying out similar projects/programs?

# Section III

## Project Budget & Funding

### BUDGET

1. Provide a clear description of what you will do with the CDBG investment in the project/program. How will you spend the funds, provide specific details? If the CDBG funded activity will start on a date other than October 1, 2022 please indicate the start date.

2. Show Program/Project detailed fiscal budget (not entire agency), add expense categories that apply to your project/program (operations, construction, environmental review, architecture).

Expense	Requested CDBG Funds	Other Funds	Source of Other Funds	TOTAL BUDGET
<b>Total Expenditures</b>				

3. What are the other funding sources? Are those funds secured?
  
4. If you do not receive the requested funds or only receive a portion of what you requested, how will that impact the project/program?
  
5. If your request includes recurring costs, what are your plans to secure funds for these needs in the future?

*\*The purpose of CDBG funds is not to fund projects that are the general responsibility of government or maintain the operation of a non-profit organization.*

## Section IV Conflict of Interest

Federal law (2CFR200.317 and 200.318) prohibits any person who exercise or who have exercised any functions or responsibilities with respect to the above grants...or who are in a position to participate in a decision-making process or to gain inside information regarding such activities, from obtaining a financial interest or benefit from an assisted activity - either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of your agency or the member government through which this application is made?

Yes                       No

- b) Members of or closely related to Members of City/County/Town Council or Commission of the member government through which this application is made:

Yes                       No

- c) Current beneficiaries of the program for which funds are requested?

Yes                       No

- d) Paid providers of goods or services to the program or having other financial interest in the program?

Yes                       No

If you have answered YES to any question above, please attach a full explanation. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

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*Signature of Certifying Official*

*Date*

# Section V

## 501(c)3 Designation

*(If you are not a 501(c)3 please disregard this section)*

Name of organization:

Address:

City/State/Zip Code:

Telephone Number:

Contact Person:

Title:

Telephone Number:

Email Address:

How long have you been operating?

What is your annual budget?

How often do your Board of Directors meet?

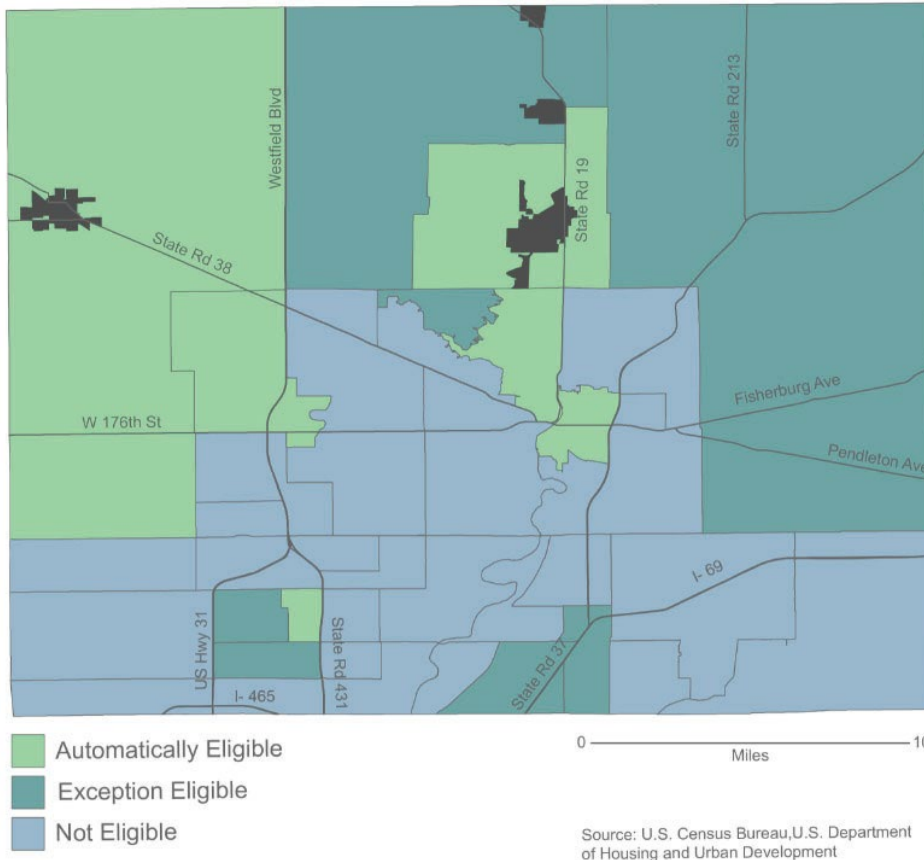
**The following information must be submitted with your application:**

1. Most recent financial statement and/or audit
2. Current 501C (3) Non-Profit determination letter
3. Current names of Board of Directors and program staff members
4. Brochure or flyer of services provided

**2022 HAMILTON COUNTY  
CDBG  
INCOME LIMITS  
(Effective: 4/20/2022)**

<b>Persons In Family</b>	<b>30% Area Median Income (Extremely Low)</b>	<b>50% Area Median Income (Very Low)</b>	<b>80% Area Median Income (Low)</b>
1	\$19,200	\$32,000	\$51,150
2	\$21,950	\$36,550	\$58,450
3	\$24,700	\$41,100	\$65,750
4	\$27,750	\$45,650	\$73,050
5	\$32,470	\$49,350	\$78,900
6	\$37,190	\$53,000	\$84,750
7	\$41,910	\$56,650	\$90,600
8	\$46,630	\$60,300	\$96,450

# HAMILTON COUNTY CDBG ELIGIBLE CENSUS TRACTS



## AREA-BENEFIT ELIGIBLE AREAS\*

Census Tract	Block Group	Number of Low-Mod Persons	Percentage of Low-Mod Persons	Census Tract	Block Group	Number of Low-Mod Persons	Percentage of Low-Mod Persons
<i>Automatically Eligible</i>				<i>Exception Eligible</i>			
110509	2	945	76.52%	110201	1	390	49.06%
110700	2	935	71.92%	110201	3	395	47.31%
110700	1	995	70.82%	110401	1	930	46.62%
110202	2	480	67.13%	111007	2	570	46.15%
110300	4	520	61.90%	110807	2	745	45.71%
110300	5	585	59.69%	111006	2	1,245	45.52%
110202	4	710	56.35%	110700	3	275	41.98%
111007	1	1,245	55.46%	110201	2	465	40.26%
110600	3	845	55.23%	110810	2	600	40.00%
110300	2	1,540	54.51%	111008	1	1,380	39.83%
110600	2	660	53.44%	110512	1	965	39.47%
110401	2	615	52.12%	110100	3	2,865	38.69%
				110600	1	455	38.40%

\*Includes automatically eligible (shaded) and exemption eligible areas.

Source: Novogradac & Company LLP, June 2019