

**CITY OF NEW ALBANY COMMUNITY  
DEVELOPMENT BLOCK GRANT**

**(CDBG) APPLICATION**

**FY 2024**

**APPLICATIONS MUST BE RETURNED TO THE CITY OF  
NEW ALBANY DEPARTMENT OF REDEVELOPMENT**

**BY March 11, 2024, at 4 p.m.**

**142. E Main Street, Suite 212**

**New Albany, IN 47150**

For assistance, please contact Shelby Carnforth  
[scarnforth@cityofnewalbany.com](mailto:scarnforth@cityofnewalbany.com)

**PROJECT SELECTION CRITERIA**

Completeness of application

Detailed project description

Project eligibility

Meets a national objective justification (i.e., low/mod benefit

rationale) Project can be completed within a reasonable time frame

Provides substantial community benefit

**INSTRUCTIONS FOR THE CITY OF NEW ALBANY  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
APPLICATION**

1.	Prepare your FY 2024 CDBG application in a clear, comprehensive, and concise manner. Remember to <b>complete all sections</b> and provide sufficient documentation to ensure fair consideration of your application. All applications must be submitted with original signatures, and single-sided copies and provide a complete electronic version of your application.
2.	When appropriate, provide the current Architect and/or Engineer's cost estimates. <b>No</b> application will be reviewed proposing construction activities without this information and will be cause for rejection of the application.
3.	When funds are requested for public services that include requests for funding for personnel, submit <b>personnel and job descriptions</b> with detailed salary and wage information.
4.	<b>All applicants must provide an <u>area map</u> noting the location of the project.</b> Please provide enough detail to describe your service area. Note street names and other landmarks for ease of identification.
5.	<b><u>Project leveraging</u></b> is not required but is suggested. Please complete the <b><u>Budget Narrative Attachment</u></b> , using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective.
6.	<p>Use the budget page from the application or an equivalent form. Please be advised that City of New Albany CDBG Program funds <b>WILL NOT</b> pay for the following:</p> <ul style="list-style-type: none"> <li>• Salaries of supervisory personnel – only the salaries of direct staff involved in the project are eligible.</li> <li>• Overhead – office space, utilities, telephone, etc. will not be paid for unless dedicated <b>EXCLUSIVELY</b> to the use of the CDBG funded activity. There will be no pro-rating of such expenses.</li> <li>• Food – unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds.</li> <li>• For public service activities – Facility maintenance or repair is not eligible. Apply for public improvement funds if your building is in need of rehabilitation.</li> <li>• Work that is contracted for prior to the execution of the agreement with the City or that has not been competitively procured cannot be paid with CDBG funds. This includes construction as well as professional services. <b>All work and material paid for with CDBG funds must be competitively bid. We will provide the required federal bid documents to add to your bid package.</b></li> </ul>

All applications will be reviewed by the Redevelopment Department staff to determine eligibility. If additional information is required, you will be contacted by a representative of the Office.

## APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Eligible CDBG Activity: (See Exhibit A)		
3.	CDBG Funding Year: <b>FY 2024</b>		
4.	Applicant Name:		
5.	Address:		
6.	Telephone:		
7.	Federal Tax ID No.:	7a.	UEI No.:
7b.	<b>Attach SAM.gov</b> proof of active registration	7c.	Non-Profits: <b>Attach BRC, W-9 and IRS 501c3 Letter</b>
8.	Type of Organization:	Municipality	Non-profit
9.	Name & Title of Primary Contact:		
10.	Phone:		Email:
11.	Amount of CDBG funds requested: \$		
12.	Funds (Match) committed from other sources: \$		
13.	Total project cost (Line 13 + Line 14): \$		
<i>Of funds committed from other sources, list sources in budget narrative section.</i>			
14.	Location of proposed project: (For purposes of mapping, please provide a <b>specific, US Post Office recognized address in or near the project site</b> – i.e.: 132 Main St.)		

## PROJECT DESCRIPTION

Briefly describe the proposed project including the following details:

1) The need or problem to be addressed:

2) The population to be served or the area to benefit:

3) The work to be performed, including the activities to be undertaken or the services to be provided:

4) The method of approach:

5) The implementation schedule, including milestones, goals, start dates & completion dates.

**Attach additional sheets if necessary.**

Check here if the structure is historic

Year Constructed

Check here if the project is located in a flood plain

attach a flood plain map as applicable

[Flood Maps/FEMA.gov](https://www.fema.gov/flood-maps)

## **CDBG ELIGIBLE ACTIVITIES\***

1. Place a checkmark in **one** of the following boxes that describes your proposed activity.

**Public Facilities:**

Streets, curbs, sidewalks

Community centers, Senior Centers

Storm and sanitary sewers

Parking lots

Water lines

Fire Stations

Parks

Other

**Public Services:**

Childcare

Health Care

Recreation programs

Education programs

Public safety services

Fair housing activities

Services for senior citizens

Services for homeless people

Drug abuse counseling

Energy conservation counseling and testing

Welfare

Other

**Other:**

Acquisition

Homeownership assistance (down payment and closing costs)

Demolition

Planning

Housing Rehabilitation

Economic Development

# LINE ITEM BUDGET FORM SERVICE PROJECTS

**Name of Applicant:**

**Project Name:**

**Instructions:** Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

A	B	C
Budget Item	Calculation	CDBG Request
<b>PERSONNEL</b>		
<b>Salaried Positions – Job Titles</b>	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full- Time Equivalent) or hours per week	
<b>Salaries Total</b>		
<b>Fringe Benefits</b>		
<b>PERSONNEL TOTAL</b>	Total of Personnel & Fringe Benefits	
<b>OPERATING COSTS</b>	Provide description of how you arrive at total for each line item	
<b>Supplies</b>		
<b>Equipment</b>		
<b>Rent/Lease</b>		
<b>Insurance</b>		
<b>Printing</b>		
<b>Telephone</b>		
<b>Travel</b>		
<b>Other</b>		
<b>TOTAL OPERATING COSTS</b>		
<b>CONTRACT SERVICES</b>		





<b>BUDGET TOTAL</b>		

# BUDGET NARRATIVE ATTACHMENT

**1. Describe your plans to use other funds on this project. In this section, only describe funds that have been secured. Provide the source of funds, amounts, and how these funds will be used. Describe your use of donated goods and services. Estimate the value of these goods and services.**

**Please check if any of the following will be used in the project:**

<input type="checkbox"/> Section 202/Section 811	<input type="checkbox"/> Healthy Homes Grants
Low Income Housing Tax Credit (LIHTC)	Lead Hazard Control Grants
HOPE VI funding	Brownfields Economic Development Initiatives
HOME Program	Economic Development Initiatives assistance
CoC Homeless Assistance Programs	Self-Help Homeownership Opportunities Program
HOPWA	Other Federal or State:

**2. Explain why you consider your program to be a local priority:**

# NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

## **Project Administration**

Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy.

## **Monitoring**

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.

Describe who will be responsible for monitoring progress.

## **Insurance/Bonding/Worker's Compensation**

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

# NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

CONTINUED

## **Financial Capacity**

Describe the agency's current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

## **Application Checklist: (non-profit applicants only)**

- Articles of Incorporation / Bylaws
- Non-profit determinations (tax exempt letter from IRS and/or state)
- List of Board of Directors
- Organizational chart
- Resumes of chief program administrator and chief fiscal officer
- Financial statement and audit
- W-9 Form
- Business Registration Certificate (BRC)
- SAM.gov proof of registration and CAGE/UEI number

**I CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicants Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## General Requirements:

- If a proposed activity does not meet the minimum eligibility requirements, e.g., HUD National Objective, HUD Activity Category, the application will be deemed “ineligible” and will not be included for consideration for CDBG funding.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of New Albany may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- CDBG funding may only be awarded to a City department or eligible nonprofit agency. The awardee will enter into a Subrecipient Agreement with the City of New Albany and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all CDBG procedures. Failure to submit any documentation requested by the City of New Albany to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- City of New Albany CDBG sub-awards are paid on a reimbursement basis.
- Public comment or lobbying for or against an application or applicant should be made in writing to the Economic Development Director or City of New Albany Redevelopment Commission during the public review/comment period.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received, environmental clearances are obtained, and authorization to proceed is granted by the CDBG Coordinator.
- Davis Bacon requirements must be met for all construction activities
- **CDBG will generally not fund any equipment purchases with the sub-awards.**

## I CERTIFY AND ACKNOWLEDGE THAT:

- I am duly authorized by the applicant organization to submit this application on

behalf of the applicant organization.

- The information provided in this application materials is verifiable and accurate to the best of my knowledge.
- The applicant organization will permit photos and other information about this application to be published or otherwise shared for purposed related to the CDBG program.

Applicants Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>To be completed by the CDBG Grant Manager</b>			
<b>APPLICATION CHECKLIST</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
• <b>Complete Application and certification signed</b>			
• <b>Project location map attached</b>			
• <b>Architect / Engineer cost estimates</b>			
• <b>Photographs provided in print and electronic format</b>			
• <b>Supporting documentation provided</b>			
• <b>SAM.gov proof of registration/ CAGE number and UEI #</b>			
• <b>Date Received:</b>			

## **EXHIBIT “A” – CDBG BASIC ELIGIBLE ACTIVITIES**

**The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives.**

1. Acquisition of real property by purchase, long-term lease (15+ years), donation, or otherwise, of real property for any public purpose, subject to limitations.
2. Disposition of real property acquired with CDBG funds through a lease or donation, or otherwise; or its retention for public purposes.
3. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, except buildings for general conduct of government. Eligible facilities include those serving persons having special needs such as homeless shelters, convalescent homes, hospitals, nursing homes, battered spouse shelters; half-way houses for runaway children, drug offenders or parolees, group homes for mentally retarded persons; and temporary housing for disaster victims.
4. Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.
5. Provision of public services (including labor, supplies and materials) such as those concerned with childcare, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:
  - A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and
  - The amount obligated for public services shall not exceed 15% of the annual grant, plus 15% of the program income received from the previous year.
6. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements.
7. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes.
8. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations.
9. Improvements to buildings to increase energy efficiency.
10. Rehabilitation, preservation, or restoration of historic properties.
11. Provision of credit, technical assistance, and general support (including peer support programs, counseling, childcare, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business.
12. Provision of assistance to private for-profit business where appropriate to carry out an economic development project. Any project funded must be able to document the creation or retention of a certain number of jobs, depending on the type of project proposed.

## **EXHIBIT "B" - National Objective Qualifiers**

**In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below.**

**Area Benefit:** Census areas with 51% low- moderate income or above qualify for funding. However, smaller areas may qualify based on an income survey. When surveys are needed, at least 51% of the residents within the targeted activity area must be low-moderate income persons. The activity may also be available to all persons in the area regardless of income.

**Limited Clientele:** To qualify under this subcategory, a limited clientele activity must fulfill one of the following tests.

- Clientele must be one of the following groups: abused children, elderly persons, battered spouses, homeless persons, adults meeting the US Census Bureau’s definition of severely disabled persons, illiterate living with AIDS, or migrant farm works.
- At least 51% of the clientele must be low-moderate income persons; or
- The activity must be of such a nature and in such a location that it may reasonably be concluded that the clientele will be low-moderate income persons; or
- The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults; or
- The activity must take the form of micro enterprise assistance carried out in accordance with 24 CFR 570.201 (o); or
- The activity must provide job training and placement and/or other employment support services, including, but limited to peer support programs, counseling, childcare and other similar services, in which the percentage of low-moderate income persons assisted is less than 51%. This situation qualifies under the limited clientele objective only in the following circumstance:  
*“In such cases where such training or provision of supportive services assist business (es), and the only use of CDBG assistance received by the business is to provide the job training and/or supportive services; and the proportion of the total cost of the services borne by CDBG funds is no greater than the proportion of the number of persons benefiting from the services who are low-or moderate income”.*

**Housing** – The activity must result in housing that will be occupied by low-moderate income persons upon completion. The housing can be either owner- or renter occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents.

**Jobs** – “Special economic development” activities may meet the low-moderate Income Benefit national objective only in the following ways:

- Be located in a predominately low-moderate neighborhood and serve the low-moderate income residents (e.g., a grocery store serving a low-moderate income neighborhood qualifies as area benefit); or
- Involve the employment of persons, the majority of who are low-moderate income persons (e.g., a retail clothing store which creates or maintains jobs principally for low-moderate income persons).

## EXHIBIT “C”

### FY 2023 Income Limits Documentation System

FY2023 Income	Media n	FY 2023 Income	<u>Persons in Family</u>
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Limit Area	Family Income	Limit Category	1	2	3	4	5	6	7	8
Louisville, KY-IN HUD Metro FMR Area	\$84,300	<b>Very Low (50%) Income Limits (\$)</b>	31,400	35,900	40,400	44,850	48,450	52,050	55,650	59,250
		<b>Extremely Low (30%) Income Limits(\$)</b>	18,850	21,550	24,860	30,000	35,140	40,280	45,420	50,560
		<b>Low (80%) Income Limits (\$)</b>	50,250	57,400	64,600	71,750	77,500	83,250	89,000	94,750

Note: HUD generally updates these numbers in May for each year.

## EXHIBIT “D” – Recordkeeping Responsibilities

Successful applicants will be required to sign a contract with the City, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:

1. Written records to justify all expenditures must be maintained for a period not less than Four (4) years after the full amount of the grant is expended. Your records will be subject to review by both the City of New Albany and US HUD.
2. You will be required to maintain the City’s minimum insurance standards, to be evidenced by a copy of the policy provided to the City of New Albany within 10 days of execution of the contract.
3. You must comply with 2 CFR Part 200.302 and agree to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. You must comply with 2 CFR Part 200.203 and maintain effective internal controls over the funds awarded herein. You must administer the program in conformance with 2 CFR Part 200, Subpart E, “Cost Principles.” These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.
4. In accordance with 2 CFR Part 200, the federal government requires that organizations expending \$750,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies spending \$750,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:
  - a. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
  - b. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor’s written cost estimate.
5. You will be required to provide quarterly reports stating the unduplicated number of persons served, including their ethnic origin, and whether they are female heads of household. These figures are required to be reported by US HUD.
6. You will be required to obtain written proof of income of each person or household which you assist, unless your clients are abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers.
7. You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
8. If any income is derived from the activities funded by CDBG, that **income must be returned to the City of New Albany as program income**.
9. In the event that US HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.